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Report of the Maryland Mental Hygiene Survey

With Recommendations

SURVEY REQUESTED BY

- The Baltimore Alliance of Social Agencies
- The State Lunacy Commission
- The State Board of Education

1920³

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Conducted under the auspices
of the National Committee for
Mental Hygiene, Inc., and a
special advisory Commission
appointed by Hon. Albert C.
Ritchie, Governor of Maryland.

THOMAS H. HAINES, M. D.,
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New York, N. Y.,
Director.

Report of the

The report of the Maryland Mental Hygiene Survey has been referred to the following special committee appointed by Dr. Lewellys F. Barker for further consideration and recommendations:

Judge Jacob M. Moses, Chairman.

Dr. Adolph Meyer.

Dr. Frank W. Keating.

Dr. Hugh H. Young.

Mr. Albert S. Cook.

Dr. Edward N. Brush

Mr. Howard C. Hill.

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**Maryland Mental Hygiene
Survey**
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appointed by Hon. Albert C.
Ritchie, Governor of Maryland.

Maryland Mental Hygiene Commission

- | | |
|---|---|
| <p style="text-align: center;">President,</p> <p>DR. F. J. GOODNOW,
President, Johns Hopkins
University.</p> | <p style="text-align: center;">Secretary,</p> <p>DR. CHARLES B. THOMPSON,
Executive Secretary,
Mental Hygiene Society of Maryland.</p> |
|---|---|
- DR. L. F. BARKER,** Former President, National Committee for Mental Hygiene.
- DR. GEORGE E. BARNETT,** Professor of Statistics, Johns Hopkins University.
- MR. ROBERT BIGGS,** President, St. Vincent de Paul Society, Baltimore.
- DR. EDWARD N. BRUSH,** President, Mental Hygiene Society of Maryland.
- DR. WILLAM BURDICK,** Director, Public Athletic League.
- MR. ALBERT S. COOK,** Superintendent, State Department of Education.
- DR. FRANCIS LEE DUNHAM,** Psychiatrist, State Bureau of Labor and Statistics.
- DR. KNIGHT DUNLAP,** Professor Experimental Psychology, Johns Hopkins University.
- DR. J. M. T. FINNEY,** Member State Board of Education, Baltimore.
- DR. HENRY M. FITZHUGH,** President, State Board of Education.
- MR. LEON C. FAULKNER,** Superintendent, Maryland Training School for Boys.
- MR. CHARLES J. FOX,** Board of Labor and Statistics.
- DR. ARTHUR P. HERRING,** Secretary, State Lunacy Commission.
- MR. HOWARD C. HILL,** Executive Secretary, Maryland Prisoners' Aid Association.
- MISS THEO JACOBS,** Associate in Social Economics, Johns Hopkins University.
- MR. GEORGE L. JONES,** Executive Secretary, Henry Watson Children's Aid Society.
- DR. FRANK W. KEATING,** Superintendent, Rosewood State Training School.
- MR. LOUIS H. LEVIN,** Executive Secretary, Federated Jewish Societies, Baltimore.
- MR. OGLE MARBURY,** Chairman, State Board of Prison Control.
- DR. ADOLPH MEYER,** Director, Henry Phipps Psychiatric Clinic, Baltimore.
- JUDGE JACOB M. MOSES,** Board of Directors, Mental Hygiene Society of Maryland.
- DR. JOHN R. OLIVER,** Psychiatrist, Supreme Bench of Baltimore City.
- MRS. EDWARD SHOEMAKER,** President, Women's Civic League, Baltimore.
- DR. WILLIAM H. WELCH,** President, State Board of Health.
- DR. HENRY S. WEST,** Superintendent, Department of Education, Baltimore City.
- MAJOR WILLIAM B. WRIGHT,** Director, Baltimore Alliance of Social Agencies.
- DR. HUGH H. YOUNG,** President, State Lunacy Commission.

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- MR. C. L. HULTGREN, Psychologist.
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- MISS MINA A. SESSIONS, Psychiatric Social Worker.
- MISS ELSA BELLE KRAUS, Secretary.

"A campaign for mental hygiene is a continuous effort directed toward conserving and improving the minds of people; in other words, a systematic attempt to secure human brains so naturally endowed and so nurtured that people will think better, feel better, act better, than they do now."

LEWELLYS F. BARKER, M. D.

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Introduction

It is hardly possible to set down on a single page all of the Maryland agencies to whom credit is due for the success of this survey. The Lunacy Commission and Governor Ritchie have furnished office space for our work. The Governor and the members of his Commission have been eager to help and have done all that was asked of them. Every officer of every institution and school visited has put forth most kindly co-operative effort to make sure of uncovering all the facts. The following agencies aided in forming a card index of mental defectives:

- The Jewish Children's Bureau
- Miss Strothers' Special Class in School No. 21, Baltimore
- The Frederick County Children's Aid Society
- Case Records of the Boys' Industrial School
- Case Records of the Baltimore City Juvenile Court
- The Henry Phipps Psychiatric Clinic
- The State Lunacy Commission.

The Lunacy Commission Deficiency Survey, begun in 1916 by Miss Jane Griffith, secured some important data which were placed at our service. Dr. F. L. Dunham's records at the Maryland Industrial Training School for Girls and the Maryland Training School for Boys served greatly to curtail our work at these institutions.

Dr. Thompson's surveys of a children's home and of schools in Baltimore and Annapolis were contributed, and the Baltimore School Survey, by Professors Strayer, Trabue, and others, enabled us to come by a short route to large numbers of defectives in the Baltimore schools.

From all these sources, we have come into possession of a trust from the people of Maryland. This widely voiced desire to know the facts and to have plans for dealing sanely and wisely with the situations disclosed puts a duty upon us which we feel to be at once a high privilege and a sacred charge.

Mental Hygiene in Maryland

The history of the public care of the insane and feeble-minded in Maryland is a long one. The Legislature, in 1773, authorized the institution of four county poor-houses. In 1791 the Legislature was requested to authorize the support of Mary Brown and Eleanor Love, a mother and daughter, in Prince George's County, both being "in a state of lunacy." Two years later support was asked for Rebecca Fowler, who had "convulsion fits and was in great measure deprived of the use of her senses." This same year, 1793, a father and mother appealed for the support of four helpless imbecile children unable to walk, to dress, or to feed themselves—Solomon, age 30; Sarah and Mary, 28; and Eliza, 26.

In January, 1797, the Legislature passed an act "to encourage the establishment of a hospital for the relief of indigent sick persons and for the reception and care of lunatics." This act eventuated in the establishment of the Maryland Hospital, which was the third hospital to be established for the care of the insane in the United States.

The Maryland Hospital, located on the present site of the Johns Hopkins Hospital, having become inadequate for the purpose for which it was designed, an agitation was made in 1852 for moving it to the country. At that time Dorothea Lynde Dix was in the midst of her active campaigning for better care of the insane. Miss Dix memorialized the Legislature of Maryland, pleading for a liberal appropriation for the site and building of this new hospital. She said in part: "The subject to which your memorialist solicits your candid attention and on which she urges early and effective legislation embraces from more than one point of view the field of social interests of the state of Maryland, reaching through every community and penetrating the seclusion of every family." These words of Miss Dix ring true for this day as well as for that. They show forth the woman's clear insight into matters of social organization and medical administration gained from an intimate acquaintance with the facts in the field. The Legislature of 1852 authorized the purchase of the site at Catonsville on which the present Spring Grove Hospital stands. Many delays inter-

vened, among which the Civil War was most notable. Patients were transferred to Spring Grove October 7, 1872.

An act of April 7, 1886, created the State Lunacy Commission. A movement was then and there instituted for the complete state care of the insane in Maryland. The thirty-five years of the activity of this Commission have been notable in the progress of mental-hygiene administration in Maryland.

In 1888, Dr. Richard Gundry, then Superintendent of Spring Grove State Hospital, was instrumental in establishing what is now the Rosewood State Training School—an institution devoted to the training and custody of the feeble-minded.

In 1897, Dr. William Osler, then President of the Medico-Chirurgical Faculty, in addressing the 99th Annual Meeting, set up a notable landmark in Maryland's progress toward adequate public care of the insane and feeble-minded. Dr. Osler said in part: "When I say there are over 500 insane people in the almshouses and jails of this state I add that it is a reflection upon the intelligence of the people of Maryland. I say that because it is recognized the world over that insane people must be taken charge of by specialists and must not be herded together in jails and almshouses. They are the children of the state and should not be cared for by the ordinary physician, who may be able to treat typhoid or scarlet fever well enough, but has no idea how to treat special diseases of the brain. I make no reflection upon the almshouses of this state, but I say that no physician who has not had special training is capable of treating lunacy properly. I might also say that it would save thousands of dollars to the state if all the insane were properly treated by specialists."

At this time steps were being taken to organize a second state hospital. A large farm was purchased in the beautiful rolling section of southern Carroll County and the Springfield State Hospital was opened March 8, 1898.

The Twenty-third Report of the State Lunacy Commission (1908) not only constitutes a landmark among the notable performances of this Commission and of its secretary, but is also a notable document among the records of the progress of the medical care of the insane. It presents pictures of chains, rags, cells, and shacks used in the county care of the insane in Maryland in that day. It made a notable impression, and had no small part in achieving the excellent present facilities in the state.

Legislative enactment provided for complete state care of the insane from and after January, 1909. Crownsville State Hospital was started with twelve working patients March 13, 1911. The Eastern Shore State Hospital was started with twenty-four working patients December 11, 1913.

In the Twenty-eighth Report of the Lunacy Commission, December, 1913, the secretary notes visiting county asylums in Western Maryland with Dr. John S. Fulton, Secretary of the State Board of Health, at the request of Governor Goldsborough, and quotes from Dr. Fulton's report as follows: "I have reached the general conclusion that all of the almshouses should be cleared of their insane, imbecile, and idiotic inmates and that the care of the county poor should not be complicated in future by admitting cases of acute sickness or of epilepsy or of insanity." Dr. Fulton recommends the abolition of small almshouses and suggests the advisability of inter-county institutions where the dependent poor could have better care furnished at less cost than the people are now expending for the wretched maintenance provided.

In January, 1913, there was organized in connection with the State Lunacy Commission an after-care committee. This was in charge of Dr. William Burgess Cornell. Subsequent reports of the Commission demonstrate that this work saved the state ten times its cost in careful placing out of patients from state hospitals. This work grew into the present Mental Hygiene Society, of which Dr. Charles B. Thompson is executive secretary.

Average daily populations of the state institutions mentioned above for 1920 were as follows:

Spring Grove State Hospital.....	709
Springfield State Hospital.....	1501
Crownsville State Hospital.....	526
Eastern Shore State Hospital.....	243
Rosewood State Training School.....	688

There are in the four state hospitals for the insane upwards of 500 patients who are not insane, but are mental defectives. There is a considerable number of patients in these institutions who are epileptic. Proper provision for the non-insane epileptic and the non-insane feeble-minded would make room in the present state hospitals for the insane now harbored at county almshouses.

The point of greatest pressure among the mental-hygiene problems in Maryland is that of care for feeble-minded persons. The Rosewood School is in fact as well as in name a training school. It has not been designed

for the custody of adults. Feeble-minded adults are really children and need custody. Social workers, relief agents, and correctional organizations and institutions all feel the need of organized facilities for caring for adult feeble-minded, as well as for children, and for colored feeble-minded, as well as for white; in fact, we might say that the problem of the defective delinquent is the cardinal mental-hygiene problem in Maryland.

It was on account of this problem and its cardinal character that the Baltimore Alliance appointed a committee, February 27, 1919, to ascertain what steps might be taken to relieve the situation. This committee, with the Lunacy Commission, early in 1920, invited the National Committee for Mental Hygiene to make a thorough survey of the situation in Maryland. Later the State Board of Education joined in this invitation to the National Committee. Upon the assumption by Dr. Cornell of the direction of the survey, in November 1920, Governor Albert C. Ritchie took an active interest in the work. Governor Ritchie also broadened the scope of the survey by requesting that Dr. Cornell should co-operate with the Lunacy Commission, the superintendents of state institutions, and the State Board of Prison Control in helping to solve some of the problems which he had referred to these boards and persons.

From the nature of the situations that led to our invitation, it is clearly to be seen that the task of *this survey is a broad piece of social engineering*. It was laid upon us to ascertain facts and to lay plans in accordance with the facts. It has been related of Mr. James J. Hill that he believed "that intelligent management of railroads must be based upon *an exact knowledge of facts*." He believed that no superintendent could be an effective superintendent unless he knew the facts. A superintendent must know what it costs to haul a ton of freight a mile on his division each month and quarter and he must have the analysis of this cost in order to be in a position to effect economies and maintain service. These economies could not be effected by guess work. It is equally true in such social engineering as this survey entails *that we must have the facts. We must know the kinds of defects which are leading to various leaks and frictions in the social economy of a community; we must know how many there are of them; and we must lay plans to manage them in such a way as to diminish the friction to a minimum and prevent the leaks. It is the purpose of the survey to show how the state can care for its irre-*

sponsible adult children and its mentally sick persons so that they shall be as happy and useful as possible and shall be prevented from placing unnecessary burdens upon the rest of the people and upon their children.

The survey was planned to study the involvement of mental-hygiene factors in social problems generally. Relief work, correctional work, and education have all come in for investigation. Several thousand children in the public schools have been included in the survey. It is evident that many of the problems which will arise in later life can be recognized and prevented by proper examination of school children and suitable administration of prophylactic work during the educational period. Institutions for the care of dependents and delinquents, both children and adults, are doing their work in a fashion that would merit drastic criticism if they were railroads coming under Mr. Hill's scrutiny. This is not the fault of the institutions as such. The responsibility for their inefficiency is to be placed upon the community, for the community is not using the highest intelligence in the burdens which it places upon these institutions. The institutions are inefficient because they were asked to do work for which they were not designed.

State Hospitals For The Insane.

The four hospitals in Maryland have been happily located and the buildings are for the most part new. These are noteworthy points of excellence. Other points to be mentioned are the training schools for nurses at Springfield and Crownsville, the special services for acute and new patients at Springfield and Spring Grove (though the latter is operative only for ex-service men), the "open-door" policy pursued at Springfield, the pathologist employed at Crownsville, the culture of willows and the basket-making industry at Spring Grove and Crownsville, and the building in process of erection at Spring Grove for the care of one hundred criminal insane.

The average daily population of the four hospitals and the Rosewood State Training School for 1920 was 3,667. These same institutions in 1911 had populations aggregating 2,086. This notable increase of state care of the insane and feeble-minded in ten years is due in large measure to the constant activity of the Lunacy Commission and their secretary. It was a splendid achievement.

The two most notable reservoirs of insane in the state outside of state care are the Insane Department at Bay

View and the Sylvan Retreat in Allegany County. On June 27, 1921, Dr. Feldkamp found 78 insane persons at the Sylvan Retreat, and on June 30, 1921, I found 258 insane persons at Bay View. About 10 per cent of these 336 persons are non-insane feeble-minded. The state appropriates \$2,000 a year to the Sylvan Retreat and \$15,300 to Mt. Hope Retreat.

The non-insane feeble-minded in the four state hospitals, according to figures furnished by the Lunacy Commission in March 1921, number 516. The management of these non-insane feeble-minded persons with the insane is not most desirable. The physician in charge of the insane should have constantly uppermost in his mind restoration to mental health. To be sure, proper occupation is a very large factor in the treatment of the insane, and the farm life, which is a considerable part of the occupation for males at these state hospitals, is suitable for the feeble-minded. Nevertheless, separation of these classes would conduce to the effectiveness of the treatment of each. The feeble-minded who are not insane should be placed in colonies. If this were done, it would at once make room for all the insane who are now at Bay View and the Sylvan Retreat and would make possible the shutting up of the last county asylum in Maryland. It would also take all the cases of active psychoses from the county almshouses throughout the state.

In regard to medical service, we find only thirteen physicians employed, including the four superintendents, whose time must necessarily be given largely to administrative matters. Including the superintendents, we find an average of 230 patients for each physician from the average daily populations in 1920.

The medical staffs were seriously depleted by our war activities. In Maryland, as elsewhere, many of these physicians have not come back. Better salaries are necessary if their places are to be filled. It is very desirable that there be more physicians to oversee the medical treatment of these patients. *It is highly important that more investigative work be carried on and that a more scientific spirit should activate the medical activities in the hospitals.*

The reception service for acute cases designed for Spring Grove for which the *Foster Clinic* was erected *should be put in operation.* It is highly important that the buildings be completed and that this service should be put forward for the people of the metropolitan dis-

trict of Baltimore. This constitutes an important element in closing up the Insane Department of Bay View.

There is an urgent need for *more trained nurses and attendants* in these hospitals. It is highly desirable that the training schools in operation should be made to attract more men and women and that the wages offered them upon completion of their training should attract these specially trained psychiatric nurses to remain in the state service.

Psychiatric nursing should comprise the immediate supervision of the employment of patients in the wards or wherever they spend their working hours. Of course the ultimate direction of this occupational therapy must be in the hands of a director of occupation under the medical director. We must never lose sight of the fact that occupation is directed to therapeutic ends, and to make properly trained nurses feel responsible for the kind of therapeutic endeavor will be both economical for the institution and interesting to the nurses involved. It will bring them to a higher appreciation of their service to mental patients and will make them more useful in private practice.

There is, in these Maryland institutions, a striking need for *psychiatric social workers*. The first work of the After-Care Committee eight years ago demonstrated the saving to be effected by this kind of work. Placing patients out of the hospital saves the state cost of board and lodging. Placing a patient in outside employment further contributes to the community the results of his work. The properly trained social worker put in this field will considerably cut down the present populations of these state hospitals. *Maryland could profitably employ a dozen such at once*. They could more than save their salaries by the patients successfully paroled and discharged. Such service would benefit both the patients and the state.

These social workers, moving about through communities over the state in this parole work, would necessarily come in contact with *incipient cases* of mental disorder. These they would naturally bring to the attention of the superintendent as liable to be his future patients. By adopting proper hygienic measures, the superintendent could often *prevent hospitalization* of these persons. The best possible means of organizing for this preventive work in mental medicine is the *traveling or visiting clinic*. In these clinics the physician and the psychiatric social worker would meet not only paroled patients,

receiving their reports and noting their conditions, but they would also meet these incipient nervous and mental cases. Any person could come or bring another to such a clinic. There he should obtain the very best advice possible and this *advice would often serve to abort an oncoming nervous breakdown.* The medical staffs of the hospitals should be *enlarged*, social workers should be employed, and such clinics should be arranged for at stated intervals in the general hospitals in Baltimore and in the county towns throughout the state.

In order to fulfill a pledge made by the Legislature more than a dozen years ago to take the care of the insane entirely into the hands of the state, it is not necessary to build greatly for the insane as such. The Foster Clinic should be completed and an administration building should be erected at the Eastern Shore State Hospital. When the non-insane feeble-minded and the epileptic now among the patients in the state hospitals for the insane are removed to institutions properly designed for them, increased attention to the scientific care and treatment of the patients in the state hospitals and these traveling clinics will further lighten the present populations, so that this pledge can be fulfilled and the last county asylum can be closed. By these same means all the insane can be taken from the county almshouses.

A social worker in this situation is like the helper engine on a heavy grade. The helper engine accumulates momentum and saves the time of the crew and of the equipment of the train; and it works only on the part of the road where there are great demands for service. What the helper engine saves goes into the treasury. What the *psychiatric social worker* saves in the way of board and lodging and increased buildings and medical and nursing staffs remains in the state treasury, but such social workers save what is hardly estimable in dollars and cents. They *save accumulated human resources of the community every time they prevent a mental breakdown and every time they aid in preventing the propagation of the unfit.*

An important item in connection with closing the Insane Department of Bay View is the institution of the psychiatric service at Spring Grove. The half of this building now devoted to ex-service men, for which the government is paying liberally, should be augmented by the completion of the building and this should be put at the service of the nervous and mental cases originating in the Baltimore district. By means of clinics in the

city hospitals, ambulance service and suitable legal arrangements for temporary commitment, this 250-bed hospital should be constituted a real sanatorium for nervous and mental cases in this district.

It is desirable to find a way to adjust methods and rates of taxation so as to support the indigent insane of Maryland wholly through the state treasury. The taxpayer pays for this support whether the county pays one-half or the state pays it all. If adjustments could be made whereby a state tax covered the whole expense for the care of the insane, the burden would be placed equally upon all taxpayers, and this arrangement would, at the same time, tend to secure an even higher grade of service. Such a plan of completely state-financed care of insane persons is the only workable plan of state care. While a part-county-pay plan is in effect, some counties hold back patients who should have state-hospital care.

The state hospital for the insane should be linked up with all the other social-service agencies in a *Human Betterment Program*. An important part of this program is the *prevention of the propagation of dependents and delinquents*. The progeny of the feeble-minded are not the only burdens for posterity which we can prevent. Epileptics, neurotics, and those suffering from various mental disorders present cases in which advice, and even stronger measures, should prevent propagation and improve the race. *When the superintendents of state hospitals* and training schools are linked up with the community through their psychiatric social workers and traveling clinics, they will feel, even more deeply than at present, their responsibility in this matter to the community and for the future.

Dependents and Delinquents.

No better introduction to the situation that led to this survey can be given than the presentation of the facts concerning the family tree shown in Chart 1. This family has made work for county jails, house of correction, soldiers' home, state hospital, training school for feeble-minded, training school for boys, and the Henry Watson Children's Aid Society. We find involved in the family history not only mental defects, but also alcoholism, immorality, shiftlessness, "queerness," attempted suicides, and tuberculosis, as well as infant mortality and still-births suggesting syphilis.

A study of this family was partially worked up for the Lunacy Commission by Miss Jane Griffith in 1916.

Miss Sessions has completed the field work and produced the charts presented.

Looking at the lower line in the chart, we find the third fraternity of seven to be illegitimates. The last two of these died in infancy; the other five, four of whom are feeble-minded, were brought to the care of the Henry Watson Children's Aid Society. Through the activity of this society, three were committed to the Rosewood State Training School and the oldest boy to the Maryland Training School for Boys. The mother of these children, the patient from whom this study starts, was born in 1883. She is a feeble-minded person of ten-year mentality with a speech defect. In 1916, when her children were referred to the Henry Watson Children's Aid Society, she was committed to a state hospital near the place where she was born. The fraternity of seven are supposed to have been fathered by a farm hand of somewhat better mentality than her own. At the time of her commitment she was pregnant and it is reported that her own brother was responsible for her condition. Soon after commitment she was delivered of a still-born child.

After about four months in the state hospital, this woman was paroled to the home of a member of the board of managers to do house work. After a few months there she married a man of low intelligence.

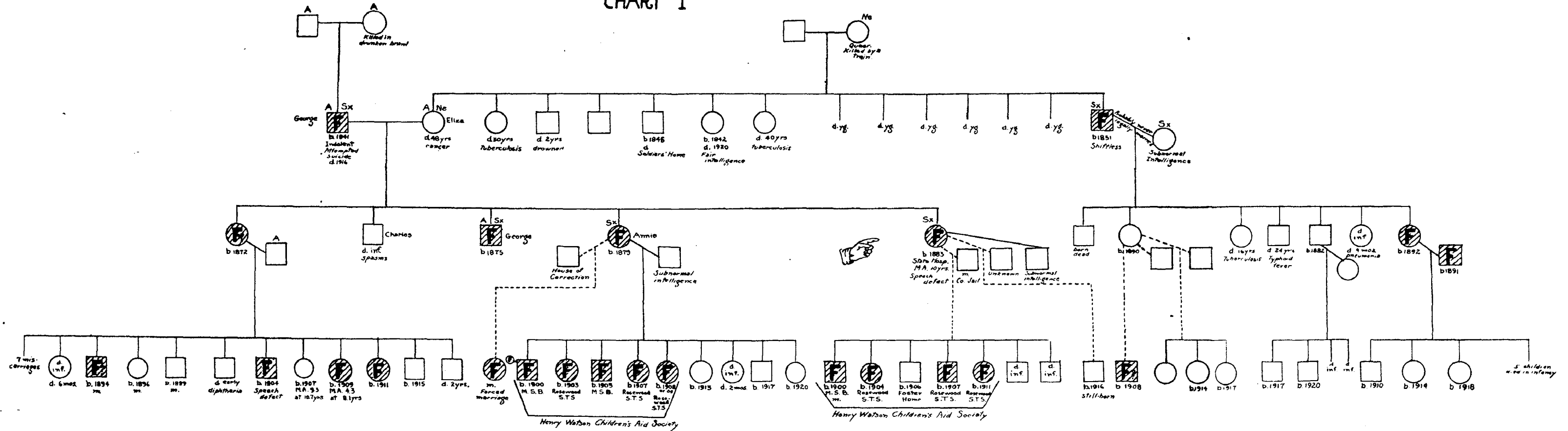
Her oldest boy, after three years in the Maryland Training School, at 19 married a girl of 16 who cannot sew or cook and who had no proper appreciation of her pregnant condition, having made no preparations whatever for the child due in a few weeks.

The second boy of this fraternity, born in 1906, seems to have a better inheritance than the others. He was placed in a foster home and had reached the sixth grade at 14.

The oldest sister of the mother of these children, born in 1872, is the only one in her fraternity who went to school. She was also the most respectable. She married and has been the subject of eighteen pregnancies. The first seven of these were miscarriages, the eighth died in infancy, and four of the remainder are feeble-minded like their mother. She is reported as apathetic and indolent, being a very bad housekeeper. Several times social agents have threatened to break up her home on account of the filthy conditions in it.

These two sisters already described are the youngest and eldest of the fraternity of five. Of this fraternity,

CHART I



Miss Sessions has completed the field work and produced the charts presented.

account of the many conditions in it.

These two sisters already described are the youngest and eldest of the fraternity of five. Of this fraternity,

the second, Charles, died in infancy with spasms. The third, George, born in 1875, is the accredited feeble-minded father of his youngest sister's eighth child, born in the state hospital. This man has no regular work. He loiters on the streets, "runs with common women," and drinks at every opportunity.

The other sister, Annie, born in 1879, cannot read or write, though she went to school till she was 12. She impressed the social worker as gullible and childlike. Her home was found to be indescribably filthy. Her first child was fathered by a former convict. This child, herself a defective, married a defective after her first child was born. The first child died in infancy. Annie later married a low-grade illegitimate son of first cousins. Her husband works, but only a short time at a place. "He gets familiar and gets fired." This pair have had nine children, of whom the five eldest are feeble-minded. They were placed in the care of the Henry Watson Children's Aid Society, which placed the boys at the Maryland Training School for Boys and the girls at Rosewood Training School. These three girls have been released by habeas corpus proceedings after about two years' training at the school. Annie, in explaining it, says that she "took them to the hippo-campus." The eldest girl is very anxious to get married.

Turning to the ancestry of this fraternity of five, of which Annie is a member, we find that George, their father, was born in Germany in 1841. After coming to Maryland, he was adopted as a neglected child. He never learned to read or write. He served in the Union Army during the Civil War and was honorably discharged. He seldom worked, living mostly on his pension. He was a very heavy drinker, was promiscuous in his sex relations, and it is generally reported by those who knew him that he was "not right mentally." George's parents kept a roadhouse in Maryland. Both were drunkards. His mother was killed in a drunken brawl. George himself attempted suicide twice, once with laudanum and once by hanging. He died in 1916.

Eliza, the mother of these five, George's wife, was the eldest of fourteen children. She died of cancer at 48. She is described as a nervous person. She drank much in later life; two of her sisters died of tuberculosis, six died as infants, and the youngest, Si, is described as a shiftless sexual pervert, far below the normal in intelligence. The mother of his children has other illegitimate children and is poorly endowed mentally. One of her

children had such a dark complexion that the other children called her "nigger." The youngest child is a mental defective and she married a man with the same handicap. The eldest daughter has an illegitimate son of such low intelligence that he is considered feeble-minded.

The neurotic taint came to Eliza from her mother. She is described as being "queer." This neuropathic taint, added to the unquestioned inferiority of Eliza's husband, George, has served to produce these extraordinary burdens for the state of Maryland, as indicated by the last generation depicted on the chart.

Such a chart needs no comment. The social engineering called for in handling such a stock is evident to all who see the type of beings that these circles and squares indicate. Proper engineering three generations back would have saved great burdens to the taxpayers today.

Chart 2 presents a family of decided neuropathic taint. The father of the twelve children numbered in the lower line came from Switzerland. He himself had been in the care of the Phipps Clinic and the Spring Grove State Hospital for 20 years. He is the youngest of twelve children. Many of these have marked peculiarities. The three eldest were subjects of compulsory marriage. The second, a male, is alcoholic and neurotic and married a woman who developed a psychosis. Three of them died in infancy. The others all seemed to be psychopathic persons.

The father of this fraternity of twelve which came from Switzerland was a heavy drinker and vulgar in his personal habits. He was a carpenter, was sometimes put in charge of work, but was very undependable. It is reported that he went for thirty years without holding a conversation with his wife, merely "snapping at her." He was seclusive. It is said that he would lie back of a stove like an animal. He was irritable and queer and at one time devoted himself to perfecting a perpetual-motion machine.

This man's wife, the mother of the fraternity of twelve which came from Switzerland, died of a left hemiplegia at 72. She had deteriorated mentally. She worried and fretted about her children. It is said that she was always very seclusive and peculiar in her ways. She often refused admission to her family when they came to visit her and would sit upstairs in her room refusing to come down to see them. Both this man and his wife, on immigrating to this country, completely severed their relations with their relatives. Little information con-

CHART II

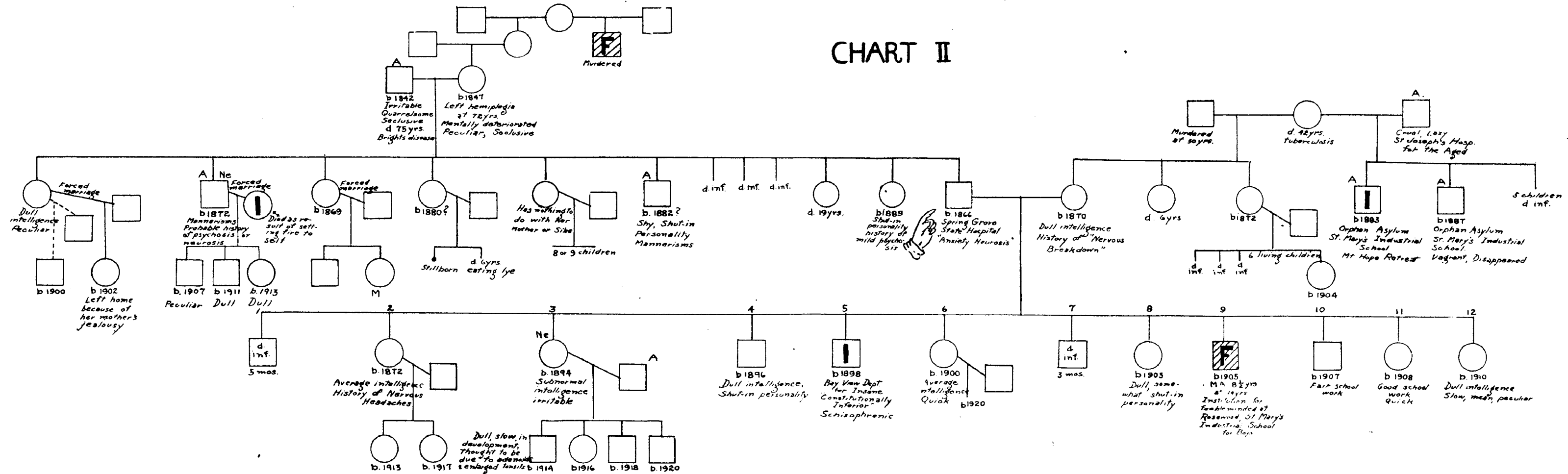


TABLE I. DISPOSITION OF CASES, BALTIMORE CITY JUVENILE COURT, 1920.

Disposition	Total		White		Colored	
	Males	Females	Males	Females	Males	Females
Collateral forfeited.....	1	.....	.....	.....	1	.....
Committed to institutions.....	327	104	246	57	81	47
Committed to societies.....	78	52	71	48	7	4
Dismissed.....	1,540	96	1,182	28	358	68
Pending.....	42	80	38	23	4	7
Placed on probation.....	526	103	323	46	203	57
Probation continued.....	13	.....	11	.....	2	.....
Held for criminal court.....	6	.....	6	.....	.....	.....
Returned to institutions.....	40	3	39	1	1	2
Released on fines and costs.....	788	29	612	6	176	23
Total.....	3,361	417	2,528	209	833	208
						1,041

This presentation of the work of the court indicates a large amount of work with children. Nearly 50 per cent of the cases, it will be noted, are dismissed. We find, upon study of the court procedure, that many complaints of malicious, mischievous, and disorderly conduct are investigated by the "officer who stands at the door and are settled by him in the community." Of the cases actually brought before the court, some are "yellow-sheeted" by the probation officer. This means that they are considered quite informally by the court, but it is impossible for the uninstructed spectator to know which cases are being acted upon formally and which informally.

The probation officers make home investigations of all probationers except of those placed in homes under the protection of the court. Frequency of visits is a matter determined by the probation officers themselves.

Records of cases are not always consulted when cases return to court. If the child denies having been in court before, the fact of such previous appearance may not come out until the case has been disposed of. Such a case was observed. Sometimes the court has reversed itself unknowingly and sentenced for a previous offense, when the child had already been placed on probation for a later one. Records are not in shape to be used most effectively.

Psychiatric examinations are made only in problem cases referred to Dr. Francis Lee Dunham, psychiatrist for the State Bureau of Labor and Statistics. Dr. Dunham gives one day a week to this work. In order to demonstrate the desirability of having a regularly employed psychiatrist, this survey made mental examinations of 99 cases. These cases were taken as they came to court; no selection was made. No opportunity was afforded for examination or private interviews except in the court room. The children were taken for the most part immediately after they had been before the court. It must, therefore, be borne in mind that the child was not in the best condition to exhibit himself, so that these examinations were hardly fair.

On this account we availed ourselves of the kind offer of Dr. Dunham, to go over 104 cases which he had examined. In reference to his cases, it must be borne in mind that they are special problem cases referred to him by the probation officers because they were problem cases. Table II presents the diagnoses distributed by sex and race for each of the two groups.

TABLE II. MENTAL DIAGNOSES OF TWO GROUPS OF BALTIMORE CITY JUVENILE COURT CASES, MARCH, 1921.

(Problem cases examined by Dr. Dunham.)

Diagnosis	Total			White			Colored		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Normal	12	3	15	12	3	15			
Dull normal	6	8	14	5	7	12	1	1	2
Borderline mental defect	5	5	10	5	2	7		3	3
Mental defect	10	7	17	9	5	14	1	2	3
Character defect	24	15	39	23	11	34	1	4	5
Psychopathic personality	4	2	6	4	1	5		1	1
Psychoneuroses and neuroses	2	1	3	2	1	3			
Total	63	41	104	60	30	90	3	11	14

(Unselected cases examined by survey staff.)

Diagnosis	Total			White			Colored		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Normal	18	3	21	14	2	16	4	1	5
Dull normal	26	3	29	17	1	18	9	2	11
Borderline mental defect	14	3	17	10	1	11	4	2	6
Subnormal	8	1	9	6		6	2	1	3
Mental defect	9	10	19	8	3	11	1	7	8
Psychopathic personality	3	1	4	3	1	4			
Total	78	21	99	58	8	66	20	13	33

The absence of character defects in our own 99 cases means that our examiners were directing their attention, in this part of the work, primarily to intelligence rating. It does not mean that character defects were absent in this group. It is rather remarkable that 19 out of 99 cases, unselected, proved to be feebleminded while only 17 of Dr. Dunham's problem cases were diagnosed as mental defectives. Of course somewhat different standards of diagnosis may have been in the minds of the two groups of examiners. It indicates in general,

however, that feeble-mindedness is far from being the only sort of mental handicap that brings children into the juvenile court. *That there are nearly one-fifth of these children who are so handicapped in intelligence equipment that we must call them mental defectives is, however, significant evidence of the importance that this court should organize with a psychiatrist in charge of mental-examination work and with facilities for informing the probation officers and the court of the reasonable expectations of treatment.* Such a psychiatrist should constitute an important aid to the court in the administration of treatment. The primary object of such a children's court is so to adjust matters that the child will avoid future difficulties. In order to achieve this end, it is most essential that the court should be *informed in regard to the mind and character under consideration.* The 39 character defects noted amongst Dr. Dunham's cases and the 10 *psychopathic personalities* found in the two groups constitute *most important problems for such a psychiatric examination.* The 3 psychoneuroses of Dr. Dunham's group require the knowledge and skill of a person versed in mental medicine both for diagnosis and treatment.

The importance of psychiatric examinations may be emphasized by two cases.

1. Arthur G— was born August 1, 1903, in Baltimore, of Irish parents. He went to school from the age of 7 to the age of 14, spending two years in each grade up to the fourth. His parents both died of influenza in 1918. His elder brother was a vagrant; three younger brothers were placed in homes. Arthur was taken in succession by four kind-hearted neighbors. They found him a "most degraded and profane character." He worked but little, was ungrateful, quarreled, and cursed. He preferred to sleep in barns. He gambled, losing \$75 of war-time wages with no concern whatever. He was brought to the Juvenile Court because he was not working and was not in school. He could not be found for two months. When found, he was placed on probation in a job as rivet sorter at a shipyard at \$20 a week. This job he could not hold. He was then sent to the Maryland Training School for Boys.

This boy at 16 had a mental age of 9 years and was diagnosed as of "low-grade intelligence with a poorly balanced instinctive foundation." Enough detail is presented to demonstrate that this lad is headed straight for a career as lifelong offender. Only most skillful manage-

ment of him can prevent him from preying upon society, and likewise save society from the task of caring for him all his life as an offender. It would be cheaper and more rational to care for his training now and see what can be done to make him social. Our very best of mental medicine should be at the service of the court in guiding the care of such a boy.

2. Theresa N— was born in Baltimore August 5th, 1905, the eighth of nine children, of parents born in Poland. Her father was a laborer and alcoholic. The three eldest children were married and away from home. The next three were dead. The other two had been in the Juvenile Court. They were doing well on probation. Theresa spent $1\frac{1}{2}$ years in the first grade, $1\frac{1}{2}$ in the second grade, and $4\frac{1}{2}$ in the third grade. She played truant and stayed out at night. Application was made for a work permit, but she would not come for examination. She was brought to the Juvenile Court as a minor without proper care, though her mother was anxious to care for her.

At 15 years, Theresa had a mental age of $9\frac{1}{2}$ years. Her character basis was "well-organized." She was put on probation and did well. Reinforcement of the foreign-born mother's authority was necessary to secure the social adjustment of the girl. It was important to ascertain that she had a good character endowment which made adjustment possible. Psychiatric examination was especially important in view of her educational history. Had such an examination been made earlier, her educational history would have been different, and she would have been made a happier and more useful woman.

This *Juvenile Court lacks a detention home*. There is no opportunity now for the detention of cases for observation except in cells at the station houses or in the city jail. Cases held for transfer to institutions must be confined in station houses or jail in direct violation of the Juvenile Court Law.

There are many instances of calling into action *habeas corpus* proceedings for the release of feeble-minded children who have been committed by the Juvenile Court to the Rosewood State Training School and to correctional institutions. These actions have very frequently terminated in the unwarranted release of feeble-minded children. It is desirable that the jurisdiction of this children's court should be made original and complete in all children's cases. The Juvenile Court should be made

a branch of the Supreme Court of the City of Baltimore. It would be desirable at the same time to make this children's court a court of domestic relations and assign to it all cases that have to do with the family. Placed on such a basis, with a well-organized probation department, with provision for mental examination as well as physical, and with a building wherein children could be properly detained, this court would secure and maintain the respect of the community and of the legal profession. It would be thus placed in a position to do most effective work in *preventing children's cases* from coming to court. And preventive work is the work that should count with the police and with the courts, just as it does with the doctor.

Maryland Training School For Boys (White).

Table III presents the diagnosis of 226 boys comprised in the survey of the Maryland School for Boys, May 1921. The National Intelligence Tests were given to all boys of the fourth grade and higher. Boys lower in school were given the Haines' tests X. form, an adaptation of the Army Alpha Tests. With the results of these tests and the institution records, including Dr. Dunham's mental examination and diagnoses, the boys were classified as stated in the table. It is to be noted that we have here a small number of normal boys—only 7 per cent. The 20 per cent dull are, however, to be considered as without any striking anomaly. There is a relatively small number of mental defectives. The definitely feeble-minded constitute only 7 per cent and there are 5 per cent of borderline intelligence. The most striking features of this analysis consist of the psychoneuroses and neuroses (18 per cent), psychopathic personalities (24 per cent), and character defects (17 per cent). These latter are not so anomalous as to be considered serious pathologies. They are, however, exaggerations of emotionality, paranoid tendencies, and shut-in characters. The psychopathic personality is a definite warp in the direction of mental disease. In many cases it is an exaggeration of the storm-and-stress period normal to adolescence and is often due to faults in the home or the school, quite as much as to hereditary factors.

TABLE III. MENTAL DIAGNOSES OF INMATES,
MARYLAND TRAINING SCHOOL FOR BOYS,
LOCH RAVEN, MAY, 1921.

Diagnosis	Number	Per Cent
Normal	16	7.1
Dull normal	46	20.4
Borderline mental defect	11	4.9
Mental defect	16	7.1
Character defect	39	17.3
Psychopathic personality	54	23.9
Psychoneuroses and neuroses	41	18.1
Mental disease or deterioration	3	1.3
Total	226	100.0

The delicate problems of the development of personality are the problems with which this school has to deal. In the service of adjusting them, it is most important to have the best information obtainable as to the nature of each. This school has been most fortunate in securing the service of Dr. Dunham as psychiatrist. His service on the staff constitutes a high point of excellence in the organization.

To indicate more specifically the kind of problems the school is called upon to cope with, we include notes concerning two boys.

1. Malcolm N——, the older of two children, was born June 27, 1905. He had spasms during infancy, and at 14 he was afflicted with encephalitis lethargica. He was out of school one year. He had made the fifth grade at 14, after having been transferred many times at the request of his father. He was a disciplinary problem, and this was exaggerated after his illness, when family discipline relaxed entirely.

Examined by Dr. Dunham, he registered a mental age of 12 years. His mother stated that he had always been pugnacious, resented authority, had been seclusive and had no particular friends.

Because he had become so out of joint with schools, a position was found for him. He was discharged because of impudence. He left a second position because of the heat in the room where he worked. He was complained of in the Juvenile Court as a "community nuisance," being accused of beating little girls. Some months later he was accused of stealing and ran away from home. His father, who had hitherto taken his part, had him locked up. He was examined at the Phipps Clinic, where it was decided that the problem was an

educational one, but of a special sort, and he was committed to the Maryland School for Boys.

Here he has attempted to run away four times. He succeeded once. On his return he was put in isolation, became violent, and tried to break windows and furniture. It has been necessary to keep him locked up practically all the time, and he has spent his time scheming and attempting to destroy property.

2. Harry W——, an only child, was born January 5, 1904. His mother is dead of tuberculosis, his father is alcoholic. Harry began having convulsions at 14, diagnosed as idiopathic epilepsy. He went to school from 6 to 14, repeating the first grade three times and the second twice. He reached the fourth grade. Attendance was irregular. He had tried nine different jobs. Some he had left because he did not like them, and from others he had been dismissed on account of his seizures. He was complained of for stealing \$25.00 from an uncle, for picking on smaller children, and for being cruel to animals.

At 15½ he had a mental age of 9.5 years. His mental deterioration, on account of epileptic seizures, was progressive, though slow. He had had inferior intelligence from early childhood. Attempts on his own part and by others to get him a situation in which he could be successful failed both in Maryland and elsewhere. On being arrested for stealing, the psychiatrist whose advice was asked recommended his commitment to Springfield State Hospital. He was committed to the Maryland School for Boys. Here he has threatened violence to other boys. He is a dangerous subject and should not be in the same family with other boys at this school. Harry is an example of a kind of burden that should not be placed upon the Maryland school. Neither should he be placed in a hospital for the insane. He is the kind of boy for whom Maryland needs a hospital for epileptics.

This school is much less heavily burdened with mental defectives than many other state schools of its sort. This is no doubt due in part to the vigorous policy of the management in insisting that the children committed to their care should possess the capacity for rehabilitation. That there are only 12 per cent of borderline and feeble-minded boys amongst these 226, whereas many such schools have 25 per cent of such defectives, indicates a very wholesome state of affairs. Nevertheless, it is unjust that any boy so feebly endowed that there is no reasonable chance of his rehabilitation for autonomous

citizenship should be committed to the care of this high-class reformatory and educational institution. Their work is rehabilitation and where there is no sufficient endowment by nature to warrant the expectation of such development, the child should be sent to an institution for defectives. The 16 feeble-minded boys now in the care of this school constitute a strong exhibition of the need in Maryland for a colony for defective delinquents. Such a colony could well be established as a part of the organization of the Rosewood State Training School.

The problem boys who are picked out for the special work of this school will, however, always present many cases of dullness and some borderline cases, and it will be necessary to have a cottage wherein these boys can be given such treatment as their peculiar limitations of endowment dictate. There will be other special cases, such as the psychopathic personalities and some sex perverts, for whom a special disciplinary cottage will be mandatory. The present rooms used for confinement and disciplinary purposes, in the Administration Building, are not in keeping with the splendid plan and morale of the institution. These persons must be separated on occasions for their own discipline, and some of them must be separated more or less permanently in order to leave the institution free to take the proper measures for the improvement of improvable cases. Privileges and liberties should be provided as boys develop to use them. The presence in a cottage of cases that are incapable of development interferes with the rehabilitation of the improvable boys, since such cases cannot be granted the privileges that are necessary for the proper development of the majority of the boys.

This institution is beautifully located on the hills above the Gunpowder River, affording the best possible opportunities for physical and moral health. The buildings are of the cottage type, mission style of architecture, happily adapted to the purposes of the institution. They are kept clean, which is the first requisite incentive to the cleanliness of person and the cultivation of clean mental habits. The personnel is imbued with the spirit of expecting the best of everyone and is organized to secure wholesome reactions. All this goes to make over these boys in the quickest and most effective fashion, so that they shall constitute useful citizens of the state and shall live the happiest lives possible for them. The state appropriated \$30,000 to the institution in 1920; the city of Baltimore and the counties pay \$130 per year per boy. The institution furnishes all the clothing.

Maryland Industrial Training School For Girls (White).

The survey of the Girls' School was made by the same procedure as that outlined above for the Maryland Training School for Boys. Similar results of analysis of the mental conditions are presented in Table IV. In each school 28 per cent were found to be normal or dull and over 40 per cent were either psychopathic personalities or had psychoneuroses or neuroses. It is to be noted that there are more of the psychopathic personalities amongst the girls. There are slightly larger numbers of cases of borderline intelligence and mental defect among the girls. This may mean that the management of the Girls' School fights less vigorously against the admission of feeble-minded cases; or it may mean that the Rosewood Training School has less opportunity to take in girls than boys. However this may be, it is certainly most important that the 16 girls, in this population of 71, who are so inferiorly endowed in intelligence should not continue to burden the rehabilitation work of this school. It is to be noted also that there are three epileptics amongst these girls. They constitute three good reasons for the establishment of a state hospital for epileptics.

TABLE IV. MENTAL DIAGNOSES OF INMATES,
MARYLAND INDUSTRIAL TRAINING SCHOOL
FOR GIRLS, BALTIMORE, APRIL, 1921.

Diagnosis	Number	Per Cent
Normal	10	14.1
Dull normal	10	14.1
Borderline mental defect	7	9.9
Mental defect	9	12.7
Character defect	1	1.0
Psychopathic personality	21	29.6
Psychoneuroses and neuroses	8	11.3
Epilepsy	3	4.2
Mental disease or deterioration	2	2.8
Total	71	100.0

The institution is located in Baltimore on the site to which the Female House of Refuge was moved about 1866. The grounds are very much circumscribed and necessarily walled in, and the buildings are old and ill-adapted to the purposes of the school. The girls are working on machines, making shirts for a contractor. The management is progressive, and when they move to the new buildings now in process of erection on the Woodensburg Farm, this school will doubtless become one of the models of its kind. The state appropriated \$70,000 for

land and \$180,000 for new buildings in 1921. An appropriation of \$25,000 was made for maintenance, the counties and the city of Baltimore paying \$130 a year for each girl. The school is to be particularly commended for its thorough physical and mental examination of incoming girls, for the cleanliness of person and house, for its plan of a single room for each girl, and for its training of girls in sewing and cooking. No doubt broadened educational facilities will come with more wholesome and happily adapted rural surroundings in the new location. A firm policy as to the necessary progress a girl should be compelled to make before being paroled would relieve the school of the many present short-time commitments. Any girl who needs the care of the Maryland School for Girls should be placed in such care until she is 21, as the law permits.

St. Mary's Industrial School.

St. Mary's Industrial School is a corporation, according to its charter of 1866, "to receive and train to virtue, industry, and learning, orphans and other destitute boys who may be committed to its charge." Vagrants and boys of vicious and incorrigible tendencies have been provided for by later acts of the Legislature. It is true, however, that only a fraction of the boys in the care of St. Mary's Industrial School are delinquents. Many of them are orphans or half-orphans and were placed in the school for education. The institution is in the care of Xaverian Brothers. It is directed by a board, five members of whom are appointed by the Governor of Maryland and five by the Mayor of Baltimore. Less than two-thirds of the boys come from the state of Maryland. The others are from 33 other states and some from foreign countries.

Group intelligence tests—the author's A. and X. form adaptations of the Army Alpha Tests—were given to 413 boys in March, as one means of selecting those of low-grade intelligence and some other special problem cases for more individual examination. As a result of these group intelligence tests, we find the weighted age coefficient of St. Mary's Industrial School, as compared with median age group scores of several thousand public-school children in Mississippi, Missouri and Maryland, to be .82. This means that the average St. Mary's boy, compared with white boys and girls in the public schools of these other states, has an intelligence rating of .82. Considering the large number of delinquents, this is about the expected level. These scores, arranged by

school grades, show the boys somewhat in advance of public school children of the same grade. The school is conservative in its advancement of the boys. Several boys of 13 and 14 years of age are found in the first grade.

Table V presents the distribution as to numbers and percentages of the different diagnoses resulting from the mental examinations. We find a relatively small number of mental defectives ordinarily classed as feeble-minded. There are slightly over 11 per cent of mental defectives and borderline cases. Some of these cases, however, are striking misapplications of the energies of these Brothers. It is not the intention that they should devote themselves to the custody of persons so feeble-minded that they never will be able to manage themselves. One boy in the third grade is 37 years of age. He comes from another state; he has been tried outside several times, but will not behave himself. He is so feeble-minded that he cannot take care of himself with the larger boys on the farm. There are several others as defective as this boy, but he is the oldest. If the Brothers could be relieved of the care of these 61 feeble-minded and borderline cases, it would be a wonderful relief to them and a great facilitation of their work with the more normally endowed boy who is their particular problem. Only these Brothers and others who attempt to teach the feeble-minded along with approximately normal children know fully the unfairness that results to both the defective and the normal.

TABLE V. MENTAL DIAGNOSES OF INMATES,
ST. MARY'S INDUSTRIAL SCHOOL,
BALTIMORE, APRIL, 1921.

Diagnosis	Number	Per Cent
Superior intelligence	12	2.2
Normal	156	28.5
Dull normal	160	29.3
Borderline mental defect	28	5.1
Mental defect	33	6.0
Character defect	118	21.6
Psychopathic personality	20	3.7
Psychoneuroses and neuroses	19	3.5
Endocrine disorder	1	0.2
Total	547	100.0

We find in this table, for the first time, a number classed as of superior intelligence. The superior, the normal, and the dull constitute 60 per cent of the popu-

lation. This superiority to the other institutions already studied is doubtless due to the large number of merely dependent children.

We find almost 22 per cent of character defects and about 7 per cent of psychopathic personalities or psychoneuroses and neuroses. The presence of such a percentage of such character disorders and near approaches to mental disease offers a striking illustration of the importance for this institution of a psychiatric examination of every boy who comes into the school. Treatment could be much more skillfully administered were these diagnoses made prior to or upon admission. That such examination would serve to direct economically the attempt to bring to normal lines boys with character defects needs no emphasis.

As an instance of the kind of boy who needs a thorough mental as well as physical examination, in order that the institution may give him a square deal, we may note Henry F—. He was not in the school at the time of this survey, but he had been there during recent months. He was born September 7, 1904, in Baltimore, of Irish parentage. He was the ninth of seventeen pregnancies. His father is a laborer and alcoholic. He has threatened to kill Henry's mother and has recently deserted her. She thinks he is losing his mind. Henry had 52 spasms in two days at 17 months of age. He had an attack of meningitis at 2½ years, with temporary paralysis of the right side. He is now subject to *grand mal* attacks. He started school at 7 and progressed one grade each year. He has been running away from home and staying for weeks at a time. For this he was sent to St. Mary's Industrial School by the Juvenile Court. He was allowed to go home after six months, and was sent back to the school in two months on account of running away. A year later he was brought to court for turning street railway switches. He was examined at 15½ years of age. He had an intelligence coefficient of .65. More important than his mental rating, however, were the other discoveries of the psychiatrist. He found that beside suffering from epileptic attacks, Henry was somnambulant, had eneuresis, was a voracious eater, and a masturbator. He cannot be induced to put forth any effort to correct these habits. As might be supposed, with such symptoms and habits, his instinctive life presented no hopeful ground for a better organization. He cannot be returned to St. Mary's on account of crowded conditions. He is an example, however, of

the kind of boy that St. Mary's should not be asked to care for. On account of his epileptic seizures alone, he should be cared for in an institution especially designed for treating epileptics.

St. Mary's suffered from a disastrous fire April 24, 1919. At the time of the fire, they had over 900 boys. As will be noticed in Table V, there were 547 comprised in this survey. A building campaign was on at the time of the survey. Two large dormitory buildings, with gymnasium and swimming pool facilities, have already been completed. The building program contemplates developing capacity for 1,500 boys. The boys are for the most part confined to yards enclosed by high stone walls. Practically every boy spends a half of each day in school. Many of them receive excellent vocational training in the print shop and tailor shop. The print shop does excellent work, taking commercial jobs for outside parties. Abundant opportunity is afforded for play. The boys appear to be well nourished, and the attitude of the Brothers to them seems to be most kind.

The House of the Good Shepherd.

Only white girls are received by the Sisters. This is a walled institution in the city of Baltimore. Girls are received from outside Maryland as well as within the state. The girls are mostly delinquent and incorrigible. They are divided into junior and senior groups according to gravity of offense. They attend school each day and are trained in the arts fundamental to home-making.

TABLE VI. MENTAL DIAGNOSES OF INMATES.
THE HOUSE OF THE GOOD SHEPHERD.
BALTIMORE, MAY, 1921.

Diagnosis	Number
Normal	24
Dull normal	16
Borderline mental defect	4
Mental defect	22
Character defect	25
Psychopathic personality	5
Psychoneuroses and neuroses	3
Endocrine disorder	1
Total	100

The results of the survey are shown in Table VI. There is a conspicuously large number and percentage of normal girls and a like conspicuously heavy incidence of

mental deficiency. In the cases of these 22 mentally defective girls, it is clear that society should have prevented their delinquencies by an early recognition of their child-like lack of self-control. When adolescence comes, with its unfolding sex life, the feeble-minded person must be guarded like a child. If society were properly organized for the care of the feeble-minded, much of the work at present laid upon the House of the Good Shepherd would not come to its door; much individual suffering would be obviated and much expense would be saved to taxpayers and charity organizations.

The 25 per cent character anomalies and the considerable numbers of psychopathic personalities and psychoneuroses demonstrate the importance of psychiatric examinations of these children and the recommendations that would result therefrom.

Children's Homes.

Dr. Feldkamp visited Loat's Home at Frederick, May 27. She found 17 girls under very guarded, almost cloisterlike care. Even their school training is given inside the institution. She found 14 of these children to be of normal intelligence and character organization, 2 of borderline intelligence, and one a psychoneurotic. This institution could make a larger social contribution in the administration of its trust. Many things could be done to socialize these children more effectively. They should have the benefit of more complete medical and social analysis of their cases, with the advice and prescription that would result from such psychiatric investigation.

Dr. Charles B. Thompson, Executive Secretary of the Maryland Society for Mental Hygiene, made a mental survey of the Hebrew Orphan Asylum of Baltimore in 1920 by examining all their children at School No. 65. Of the 79 children seen, he diagnosed one as of superior intelligence, 37 (46.8 per cent) as of normal endowment, 13 (16.5 per cent) as dullards, 24 (30.4 per cent) as subnormal, 2 as of borderline intelligence, and 2 as being mentally defective. As is common with children's homes, the institution is burdened with large numbers of subnormal and dull children. Nearly 50 per cent of their charges were such. The population differed, however, markedly from many such institutions in various parts of the country in its very light burden of mental defectives—only 5 per cent, whereas 20 per cent or 25 per cent is very common.

The management of this institution has come to appreciate fully the value of medical science and especially of mental medicine. In their new work at their new locations, they will provide good clinical facilities and high-class social service. Dr. F. L. Dunham is examining every child and they are prepared to provide the medical and social service indicated.

**Government Venereal Clinic at Mercy Hospital,
Baltimore.**

Table VII presents the mental diagnoses by race and sex of 92 cases examined at the Government Clinic by Dr. Cornell, Dr. Leonard, and Miss Catherine F. Bell, a psychologist employed for this work.

TABLE VII. MENTAL DIAGNOSES, GOVERNMENT VENE-
REAL CLINIC, MERCY HOSPITAL, BALTIMORE,
DECEMBER, 1920, TO MARCH, 1921.

Diagnosis	Total			White			Colored		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Normal	15	34	49	15	25	40		9	9
Dull normal.....	6	2	8	4		4	2	2	4
Borderline mental de- fect		5	5		4	4		1	1
Subnormal		4	4		3	3		1	1
Mental defect.....	2	15	17	2	12	14		3	3
Psychopathic person- ality	1	3	4	1	3	4			
Psychoneuroses and neuroses		3	3		3	3			
Mental disease or de- terioration		2	2		2	2			
Total.....	24	68	92	22	52	74	2	16	18

Of these 92 cases, 26 were under treatment for gonorrhea, 48 for syphilis, and 13 for both gonorrhea and syphilis.

Of the 17 diagnosed as mental defectives, 15 were female and 2 male. This is about 8 per cent of the males and about 22 per cent of the females. Of the females, 3 were colored and 12 white. Only 2 colored males were seen. These were both found to be dullards. There is a striking preponderance of normal intelligence endowment—49 out of the total number of cases. Of these, 34

are females and 15 males—62 per cent of the males, 50 per cent of the females. The fact that there are nearly 50 per cent of these cases manifesting some sort of mental abnormality, however, is very significant. It is very important to take into consideration in any campaign designed to rid the community of carriers and disseminators of gonorrhea and syphilis. It must be noted further that many of those who are put down as of normal intelligence have a very perverted sense of responsibility and a very short-sighted view of their own self-interest. Some notes on cases will emphasize these points.

Mary W—, born in Baltimore of Irish parentage, 21 years ago, under treatment for gonorrhea and syphilis, had a varied experience in school, attending parochial schools and public schools, and spending some time in St. Mary's Orphan Asylum. She had three brothers, at various times in St. Mary's Industrial School. She herself had also been in the House of the Good Shepherd. She did not get along well with her sister-in-law and the fact that she had no real home was a serious element in her development. She was referred to the clinic by the St. Vincent de Paul Society, after she had married a man who took her to his mother's home to live and who was put down as a "market bum." She claims he is a sex pervert. She acknowledges being immoral with one man prior to marriage. The girl is of an emotional type; she cries easily and she has poor judgment. In the test she made a mental age of 11 years and 5 months and was rated as of borderline intelligence.

Nettis S—, a white girl of 17, born in Baltimore of American-born parents, was under treatment for both gonorrhea and syphilis. She had lost her parents when small and had been in the care of the Children's Aid Society. She had run away from families where they placed her. Two brothers had also run away and had been placed in the Maryland School for Boys. She had completed the fifth grade in school at 14 years of age. At 16 she was married. She admitted promiscuous relations before marriage. She lived with her husband three months. Since then she has been a sex delinquent with two men. She was brought in by the agent of the Interdepartmental Social Hygiene Board because a soldier accused her of being the cause of his infection. She in turn claims that the soldier is the cause of her infection. This girl had a mental age of 11 years and 4 months and was rated as of borderline intelligence.

Hazel W—, colored girl of 17, born in Virginia of Virginia-born parents, was under treatment for syphilis. She was living with a man as his common-law wife. She is a simple-minded negro girl, very talkative and superstitious. She has a record of completing the second grade at 14 years of age. She has been arrested twice for fighting. She was once sent to Bay View. She made a test age of 9 years and was rated as feebleminded.

Florence L— was born August 28, 1901, in Cumberland, Maryland. Her father was born in the United States, of German parentage. Her mother's ancestors were English. The mother herself was born in Maryland. Her father was transferred late in life from a soldier's home in Virginia to St. Elizabeths Hospital (for the insane) at Washington, where he died in 1918. Florence's mother had nine children, of which she is the eighth. The first was still-born, three others have died of spinal meningitis, according to the mother, one of appendicitis after she was married, and the youngest of croup at 7 years.

Florence walked and talked at the usual age. She had pneumonia at 1 year of age, which left her nervous. At 8, she was ill with cerebrospinal meningitis. After this illness, she had to learn to walk over again. Her mother also says that her memory was impaired. She was subject to spasms during childhood whenever she became ill. She left school at 14, having reached the third grade. Teachers told her mother that she was a defective. Since the age of 15, she has worked in a cotton mill at various times. "She takes bobbins off and earns \$12 a week." She married an Italian chauffeur at 19, being at the time two months pregnant. Her husband is the source of her venereal infection. This child was not a delinquent girl. She had no abnormal sex attraction. She seemed very well-balanced instinctively. She is slow and defective. The Family Welfare Association have been in touch with the family for 15 years. The welfare agencies of Cumberland also know the family well. None of these agencies has concerned itself with Florence as a mental defective. She has a mental age of 9 years. With her good instinctive balance, it is not necessarily institution care that is needed to prevent the kind of social havoc that is going on in this case. She should not have married; she should not be a prospective mother; and she should not have contracted gonorrhea. She is a child and will always be. The community should arrange to care for her.

Rosina V— is the eldest of six children, all of whom were illegitimates fathered by at least four different men. She was born in 1902. Her father, who has always taken an interest in her and who was never married, is a pleasant-mannered man who works as a watchman. Her mother was very stubborn and hot-tempered. She ran away from home at 15, having reached the second grade. At that time she was pregnant. She then married another man than the one responsible for her condition. She was finally murdered by one of her paramours, who also shot himself.

Rosina developed normally as a child. Her only sickness was measles, but she had a nightly enuresis up to 15 years of age. She was irregular in school, reaching the fourth grade at 14. She would not study. She was headstrong and disobedient. She never obeyed her mother, though she cheerfully listened to advice and orders. She was absent-minded. She has always been unappreciative of things done for her. She is not neat in her person or about her work. She is untruthful, lazy, never finishes a piece of work, wants to play all the while. After her mother's death, she was given into the care of a social agency, who had her committed to the Rosewood State Training School at 15. This was deemed wise both on account of her lack of school progress and her uncontrolled sex instincts. After 2½ years at Rosewood she was released through *habeas corpus* proceedings and placed as a maid in a private family by the social agency which had placed her at Rosewood. In a few months she ran away and lived with her grandmother. During two months there she had six different jobs. She was a poor worker. She spent most of her time talking to men where she worked. She left her grandmother because she would not submit to her orders that she stay at home at night. She married a man on less than 24 hours' acquaintance and then discovered that he already had a wife. Three days later she married a second man whom she had met on the evening of her first marriage. Her 19-year-old husband, under treatment at a venereal disease clinic, is supposed to be the source of her infection. This girl has a mental age of 12 years, 6 months. She has a very poor character make-up which comes to her, as is seen, by the regular avenue of heredity from her mother. On account of the poor character organization, rather than her endowment of native intelligence, it has been decided again to send her to Rosewood. At the time of her examination

she was held in a hospital awaiting a vacancy at the training school.

County Almshouses.

The following summary presents a list of the county almshouses visited during May and June, and the population of each:

Allegany County Home.....	57
Anne Arundel County Almshouse.....	11
Baltimore County Indigent Infirmary.....	35
Montevue Hospital, Frederick County.....	101
Montgomery County Almshouse.....	15
Talbot County Almshouse.....	9
Bellevue Asylum, Washington County.....	86
Total.....	314

We also visited and inspected the 246 insane patients in care of Baltimore City at Bay View and the 88 insane at the Sylvan Retreat or Allegany County Asylum. These 334 persons were all found to be insane and feeble-minded. They do most emphatically merit better care, such as the state hospitals are giving.

TABLE VIII. DISTRIBUTION OF MENTAL DIAGNOSES BY COLOR AND SEX OF THE POPULATION OF SEVEN MARYLAND COUNTY ALMSHOUSES, MAY AND JUNE, 1921.

Diagnosis	Total			White			Colored		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Normal.....	48	8	56	32	7	39	16	1	17
Dull normal.....	1	4	5	1	2	3	.....	2	2
Borderline mental defect.....	.....	2	2	.....	.....	.....	.....	2	2
Mental defect.....	36	40	76	25	30	55	11	10	21
Character defect.....	.....	1	1	.....	1	1	.....	.....	.....
Psychopathic personality.....	7	.....	7	7	.....	7	.....	.....	.....
Psychoneuroses and neuroses.....	.....	1	1	.....	.....	.....	.....	1	1
Mental disease or deterioration.....	92	65	157	77	50	127	15	15	30
Deaf and dumb.....	3	.....	3	3	.....	3	.....	.....	.....
Epilepsy.....	2	4	6	2	4	6	.....	.....	.....
Total.....	189	125	314	147	94	241	42	31	73

Table VIII presents the distribution of the 314 persons found in the 7 almshouses above noted according to mental diagnosis. It is perhaps startling to note that after these thirty years of agitation in Maryland for the state care of the insane, exactly one-half of this total population of 314 inmates of 7 county almshouses (not counting the insane asylums) are either now suffering from a mental disorder or are deteriorated mentally as the result of a more or less active brain pathology in the past. Of these 157 mentally ill or deteriorated, 127 are white and 30 are colored. The incidence, therefore, is greater among the whites. It is also slightly greater among females than among males. These 7 almshouses shelter about three-fifths of the total county almshouse population in Maryland. There are 10 other county almshouses. There are, therefore, probably some 260 persons in the county almshouses in Maryland who are either insane or bear the marks of previous brain pathologies. It is also interesting to note that 121 of these 157 mentally diseased or deteriorated which we have found in the 7 almshouses are in the three counties of which the Lunacy Commission, in 1908, reported that there were no insane persons in the almshouses. This indicates a radical change of affairs in the past 13 years.

Turning to the line in the table dealing with mental defect, we find that 76 of the 314 persons are diagnosed as feeble-minded. This constitutes about one-fourth of the total population and indicates that there are probably 125 feeble-minded persons in the 17 county almshouses in Maryland. These persons with the minds of children are most inappropriate wards of the county. The county almshouse is designed to care for aged indigent persons at the least possible cost to the taxpayer. It does not take measures to prevent hereditary defectives from begetting and bearing children. In fact, defectives are often encouraged to marry in order to save expense to the taxpayer. Ofttimes the almshouse constitutes a haven for the pregnant feeble-minded woman. It shelters and feeds her while she bears and rears a child, the child that is destined, in the majority of cases, to be a public charge for life. The almshouse does not train the defective. In the almshouse she is far less useful to society and far less happy herself than she would be in a training school or colony. These statements about the unsuitableness of the almshouse for the feeble-minded apply equally to the congenitally deaf and the epileptic, of whom we find respectively three and six persons.

In these almshouses sheltering 314 persons, there are only 56 persons of normal mental constitution. There are probably, therefore, about 100 normal-minded aged and indigent persons in the 17 county almshouses of Maryland—not more than 150, certainly, who have not some serious mental defect or disease which makes them unsuitable persons to be cared for in the county institution. With so small a number of persons to care for, it is certainly not economy to run these 17 different poor-houses in the counties of the state. Even if they were given proper care, this would be a most expensive process and wasteful administration. The counties could far better close up every one of the almshouses and have these normal-minded aged and infirm poor persons cared for in a state home and hospital for the aged. When the state cares properly for the mentally ill and the mentally defective, there will be so few cases in many counties that they will follow the example of Dorchester and Worcester and sell the county farms. For instance, Talbot County now owns and operates a farm of 150 acres and a large farmhouse adequate to care for 20 people, for 9 inmates—4 colored and 5 white—4 of whom are mental defectives. They pay and maintain a superintendent and his wife to care for these people; another man runs the farm. The treasurer of the Board of Trustees of the Poor informed us that it cost the county \$3,600 last year to run this institution. This of course, does not reckon interest on the investment the county has in the property, and the taxes lost through county ownership.

County Jails

We visited the jails of 8 of the 23 counties of Maryland and found the populations in the jails as follows:

Allegany County Jail.....	18
Anne Arundel County Jail.....	11
Baltimore County Jail.....	16
Dorchester County Jail.....	0
Frederick County Jail.....	7
Montgomery County Jail.....	6
Talbot County Jail.....	0
Washington County Jail.....	17
Total.....	75

All of these were males—45 white and 30 colored. Table IX presents the distribution of mental diagnoses by race of these persons found in the six jails in which prisoners were found. Twenty-three, or about 30 per cent

of these persons are of normal intelligence. Nearly 14 per cent are put down as dullards, 12 per cent are of borderline intelligence or definitely feeble-minded, about 13 per cent have character defects, while about 21 per cent were diagnosed as psychopathic personalities.

TABLE IX. DISTRIBUTION OF MENTAL DIAGNOSES BY COLOR OF THE POPULATION OF SIX MARYLAND COUNTY JAILS, MAY AND JUNE, 1921.

Diagnosis	Total	White	Colored
Normal	23	12	11
Dull normal	10	3	7
Borderline mental defect	7	3	4
Mental defect	2	1	1
Character defect	10	8	2
Psychopathic personality	16	14	2
Mental disease or deterioration	4	3	1
Epilepsy	1	.....	1
Endocrine disorder	2	1	1
Total	75	45	30

It is clear at once that these populations present very different mental problems from those of the almshouses. In fact, these jail populations show an unusually small percentage of mental defectives. In such a collection of delinquents, we commonly find more than 10 per cent mental defectives. The psychopathic personalities present the educational and psychiatric problems that should be solved for the judge by one competent in mental medicine. These problems come to the court from the schools. Were educational activities more adequately fitted to the needs of the individual child, there would be fewer of these unusual mental constitutions coming into our courts.

Table X presents the distribution of these white and colored males found in the six jails according to age periods. The intimate relations of the school to the court are again indicated by this table. Four white boys are under 15 years of age, amongst 75 county-jail prisoners; 14 other boys are under 20. There are 48 of these 75 persons who are under 30 years of age. This indicates that the county jail in Maryland is primarily an institution for caring for abnormal children and adolescents.

TABLE X. DISTRIBUTION BY AGE AND COLOR OF
POPULATIONS IN SIX MARYLAND COUNTY
JAILS, MAY AND JUNE, 1921.

Age	Total	White	Colored
Under 15	4	4	—
15-19	14	13	1
20-24	20	7	13
25-29	10	6	4
30-34	10	7	3
35-39	10	6	4
40-44	5	2	3
45-49	1	—	1
50 and over	1	—	1
Total	75	45	30

With reference to the relation of the prisoner to the jail, we find 48 out of 75 persons *awaiting trial*. The fact that many of them found in June were to wait till October for their trials is a serious criticism of the functioning of the circuit courts. Society should find a method of bringing to speedy trial such persons as it is necessary to arrest and hold for court hearing.

We find two persons waiting to be transferred as *insane*, one to a county asylum and the other to a state hospital. We find two boys, 11 and 14 years of age, brothers, awaiting transfer to St. Mary's Industrial School. One prisoner was held as a witness, the remaining 22 had *jail sentences* varying from 4 days to 14 months and for all sorts of offenses, from trespassing on the railroad and bootlegging to sodomy and operating a disorderly house.

All will acknowledge that it is most unsuitable that insane persons should be lodged in jail under any circumstances, and it is contrary to the law to retain children in jail. When one calls up a mental picture of some of these jails, the impropriety of such confinement of sick persons and children in them is greatly emphasized. The Maryland jail is an ancient structure with brick cells inadequately provided with light and air. Many of these jails are in poor repair and are miserably kept. They are about as far from the ideal hospital or children's building as could be imagined.

County jails are generally considered by criminologists to be very unsuitable places in which to work the *reform of the offender*. These 22 persons found serving jail sentences are kept in idleness as well as in filth. The chances for their moral improvement and rehabilitation are very slight indeed while they are confined in such places.

The Maryland Penitentiary and House of Correction.

The population of these two institutions are considered together, since they are both under the management of the State Board of Prison Control, and this Board has full power to transfer persons from either institution to the other. The House of Correction is situated at Jessup, 20 miles southwest of Baltimore on the Baltimore and Ohio Railroad. In general, it is used for prisoners serving short terms, but even this principle of distribution is not rigidly adhered to. The House of Correction is a typical prison building, situated on a farm and without outside walls. Some prisoners are worked on the farm, but most are employed in shops within the building. The Penitentiary is located in Baltimore. It is a walled institution. Both institutions have a contract system of labor, the principal industries of the House of Correction being the pants shop and the mat shop, while at the Penitentiary pants, overalls, and brushes are made and a foundry is operated.

Public sentiment in Maryland has long demanded the abolition of the contract system in penal institutions. In 1915, both political parties pledged themselves to the abolition of contract labor. The Legislature of 1916 created the Board of Prison Control and directed them to establish a system of labor to supersede the system of contract labor. The Board reported in 1918 that it would be impossible to take any steps in this direction until acts were passed enabling the Board to terminate long-term contracts existing at both institutions. Such acts were passed and tested in the courts. As a result, all contracts were revised so that they could be terminated by either party at sixty days' notice. It still remains impossible for the Board to abolish the contracts and employ the prisoners on other work because the Legislature has not appropriated money for installing equipment and buying material. The institutions are run on the money earned by the prisoners in their work for the contractors.

It is clear that there are problems of mental health involved in the consideration of what labor a given prisoner had best be busy with. Considerable attention is devoted to the subject of the occupation of prisoners in a special report of the State Board of Prison Control of June 27, 1921. Governor Ritchie had especially referred this subject to the Board. He also referred it to this survey for any possible light we might be able to shed upon the situations and the problems involved. In our

study of mental health in these two institutions, therefore, we have endeavored not only to find out the kind of man in prison in Maryland, but also to study the process by which this kind of man can best be restored to his citizenship and to a useful place in community life. We have endeavored to study the occupations of the men in prison as well as their previous training in life in connection with the mental equipment of each and his expressed interest in occupation.

It is recognized that rehabilitation and restoration come largely through the formation and cultivation of habits of industry. There are men in prison who are so old that they offer little opportunity for reconstruction. There are others so poorly endowed mentally that they are incapable of learning very much. Still others are afflicted with mental disease. For all of these, however, whether ill or incapacitated by nature or through age, work of some kind is essential not only for developing what capacity there is in the man, but for preserving such ability as he already possesses. There is nothing more disorganizing than enforced idleness. The fairly normal-minded young adult is the most promising material upon which these institutions can work for the betterment of society.

1. Distribution as to Sex.

In these two institutions, the total populations studied were 1,386—877 at the Penitentiary and 509 at the House of Correction. Of these 66 were females, 37 women being at the Penitentiary and 29 at the House of Correction. It seems likely that this relatively small number of women could be best handled by one or the other of these institutions, and arrangements for such transfer are being made. There were 1,320 males—840 being at the Penitentiary and 480 at the House of Correction.

2. Distribution as to Age.

Table XI presents the distribution of the male inmates of these two institutions according to five-year periods. This shows clearly that the business of the Board and of the superintendents of these institutions is primarily with young men. Five hundred and sixty-six of these men are under 25 years of age—62.6 per cent are under 30 years of age. Of the total number only 14.3 per cent are 40 or over.

TABLE XI. NUMBERS AND PERCENTAGES OF MALE
INMATES OF MARYLAND PENITENTIARY AND
HOUSE OF CORRECTION, CLASSIFIED ACCORD-
TO AGE GROUPS, MAY AND JUNE, 1921.

Age	Number	Per Cent
Under 20.....	136	10.3
20-24.....	430	32.6
25-29.....	260	19.7
30-34.....	159	12.0
35-39.....	135	10.2
40-44.....	88	6.7
45 and over.....	100	7.6
Unascertained.....	12	0.9
Total.....	1,320	100.0

3. *Distribution as to Nativity.*

Table XII presents the distribution by nativity, total numbers and percentages, of the 1,386 inmates of these two institutions. Less than 50 per cent of them were born in Maryland. Neighboring states, such as Virginia, Pennsylvania, North Carolina, New York, District of Columbia, South Carolina, and Georgia, furnish the next largest quotas in the order mentioned. This is no unusual state of affairs with regard to penitentiary populations. Most of our states have large numbers of offenders born in other parts of the country and some born in foreign countries. Some of these travel into the state at or very near the time of the offense. Some of Maryland's problems have resulted from the recent northern migration of negroes. Many of the foreign-born in these Maryland institutions are sea-faring folk. Some have been apprehended attempting to smuggle drugs into the port of Baltimore. The Europeans come from all parts of the continent, but the largest contributions are from Russia (16), the British Isles (14), and Italy (12).

TABLE XII. NATIVITY OF INMATES.
MARYLAND PENITENTIARY AND HOUSE OF CORRECTION,
MAY AND JUNE, 1921.

Nativity	Males	Females	Total	Per Cent
Maryland	586	33	619	44.7
District of Columbia	32	3	35	2.5
Virginia	160	11	171	12.3
North Carolina	65	2	67	4.8
South Carolina	31	.....	31	2.2
Georgia	22	4	26	1.9
Other South Atlantic States	30	.....	30	2.2
Pennsylvania	71	3	74	5.3
New Jersey	11	1	12	0.9
New York	33	2	35	2.5
New England States	17	1	18	1.3
East North Central States	36	2	38	2.7
West North Central States	17	.....	17	1.2
East South Central States	39	1	40	2.9
West South Central States	25	.....	25	1.8
Mountain States	5	.....	5	0.4
Pacific States	4	.....	4	0.3
Territorial Possessions	6	.....	6	0.4
Other West Indies, South and Central America	14	1	15	1.1
Europe	100	2	102	7.4
Unascertained	16	.....	16	1.2
Total	1,320	66	1,386	100.0

4. *Distribution According to Race.*

Table XIII shows the distribution of the 1,386 inmates of these two institutions according to race. Sixty per cent of them are native-born Negroes. This at once defines one of the important elements of the problem set the management of these institutions. These men and women are as a general rule poorly trained in school and the experience of psychologists and psychiatrists in the Army has demonstrated the relatively low mental development of the Negro.

TABLE XIII. RACE OF INMATES,
MARYLAND PENITENTIARY AND HOUSE OF CORRECTION,
MAY AND JUNE, 1921.

Race	Males	Females	Total	Per Cent
African (black)	783	49	832	60.0
American Indian	1		1	0.1
Dutch and Flemish	2	1	3	0.2
English	57	2	59	4.3
Finnish	2		2	0.1
French	4		4	0.3
German	48	1	49	3.5
Hebrew	25		25	1.8
Irish	71	3	74	5.3
Italian	19	2	21	1.5
Japanese	2		2	0.1
Lithuanian	5		5	0.4
Magyar	4		4	0.3
Roumanian	1		1	0.1
Scandinavian	13	1	14	1.0
Scotch	4		4	0.3
Slavonic	37		37	2.7
Spanish	3		3	0.2
Welsh	2		2	0.1
Mixed	170	7	177	12.8
Unascertained	67		67	4.8
Total	1,320	66	1,386	100.0

Of the European stocks represented amongst the inmates whose race was ascertained, it will be seen that there is a relatively small proportion of eastern and southern Europeans as compared with English, Irish, Germans, and Scandinavians. The larger number of the 177 mixed and 67 unascertained are probably old American stock who have little knowledge of the origins of their ancestors, and these, in turn, are from the races last mentioned.

5. *Distribution According to Mental Diagnoses.*

Table XIV distributes according to sex and race the various mental diagnoses resulting from our examination of these 1,386 inmates. It also states the percentages of these various diagnoses found amongst the population. Only 14.6 per cent are considered normal; 28.3 per cent are of the dullard type. Dullness is not a disease, as explained already, it is simply a mental peculiarity, and the handicap is of such slight nature that it does not render one unfit for citizenship. The mental defectives and borderline mental defectives constitute 22.7 per cent of the population. Minor character defects con-

stitute 9.2 per cent. Taking these and the normal and dull normals together, we have 52 per cent of the population without serious mental disorder or defect. The 17 per cent of psychopathic personalities constitute problems of a serious nature handed over from the schools and correctional institutions. The 3 per cent of mental disease and deterioration, the epileptics, and the psychoneurotics constitute problems of serious import in which the aid of mental medicine should be sought. Wherever we find diseases associated with crime, the question of restoring health seems to be fundamental to rehabilitation of the character. This is most emphatically true in the case of mental disorder. It will be noted that the colored furnish much larger quotas to the total mental defectives, psychoneurotics, and mentally diseased than do the whites.

TABLE XIV. MENTAL DIAGNOSES OF INMATES,
MARYLAND PENITENTIARY AND HOUSE OF CORRECTION, MAY AND JUNE, 1921.

Diagnosis	Total				White			Colored		
	Males	Females	Total	Per Cent	Males	Females	Total	Males	Females	Total
Normal	188	14	202	14.6	104	2	106	84	12	96
Dull normal	388	4	392	28.3	116	1	116	272	4	276
Borderline mental defect	142	9	151	10.9	25	1	26	117	8	125
Mental defect	154	9	163	11.8	29	1	30	125	8	133
Character defect	121	7	128	9.2	52	2	54	69	5	74
Psychopathic personality	215	19	234	16.9	120	8	128	95	11	106
Psychoneuroses and neuroses	72	1	73	5.3	48	1	49	24	1	24
Epilepsy	3	1	3	0.2	2	1	2	1	1	1
Mental disease or deterioration	37	3	40	2.9	22	2	24	15	1	16
Total	1,320	66	1,386	100.0	518	17	535	802	49	851

TABLE XV. AGES OF INMATES, MARYLAND PENITENTIARY AND HOUSE OF CORRECTION,
CLASSIFIED ACCORDING TO MENTAL DIAGNOSES, MAY AND JUNE, 1921.

Diagnosis	Total	Under 20	20-24	25-29	30-34	35-39	40-44	45 and Over	Unascertained
Normal	202	19	71	53	20	14	13	12	1
Dull normal	392	49	131	87	47	29	24	20	5
Borderline mental defect	151	16	55	27	12	16	14	9	2
Mental defect	163	25	49	23	14	25	13	9	5
Character defect	128	12	50	24	16	14	5	5	2
Psychopathic personality	234	20	69	38	39	29	18	21	1
Psychoneuroses and neuroses	73	5	24	12	11	8	6	7	1
Epilepsy	3	1	1	1	1	1	1	1	1
Mental disease or deterioration	40	1	1	6	4	6	1	21	1
Total	1,386	148	450	271	164	141	94	104	14

6. *Distribution of Mental Diagnosis According to Age.*

Table XV distributes these 1,386 inmates according to diagnoses and age periods. The most outstanding feature of this table is the fact that more than half of the mental disease and deteriorations are in subjects over 45 years of age. A great majority of the outspoken cases of mental defect, as well as of the borderline and dullard and normal types, follow the line already indicated by Table XI, in which 62.6 per cent of the total male population is shown to be under 30 years of age. Just about the same distribution with respect to age holds for the psychopathic personalities. The period from 20 to 24 years of age constitutes the maximum for each one of these diseases. In fact, this is the period of life in which the incidence of crime is greatest for all the diagnoses mentioned, excepting the mentally diseased.

Of the 148 minors under 20, it is worth while to call attention to the 25 diagnosed as mental defectives and the 16 diagnosed as of borderline intelligence in mental endowment. The whole group of 314 mental defectives and borderline mental defectives found in this population serves to emphasize the shortcomings of our educational system; but these boys and young men who have come to State's Prison, as it were, right out of the schoolroom, bring home to us most closely the importance of greater effort to steer these poorly endowed individuals while they are yet accessible to school influence. When we can so organize our schools as to appeal strongly to the interests of the poorly endowed, we shall have smaller numbers of this class coming into correctional institutions.

The residue and remainder of mental defectives whom the school cannot socialize should be cared for and subjected to such further training as they are endowed to receive at farm colonies designed for defectives. Maryland should have a farm colony for male delinquents. There should be one such for white males and one for colored. The problem of rehabilitation of the young man so defective that we call him a mental defective is so completely different from that involved in appealing to one of normal mental constitution that the penitentiary should be relieved of this work. We need the colony for defective delinquents for the same reason that we need the special school for defective children. The defective delinquent needs a training different from those of normal intelligence and if he cannot be trained to live in the

community, his problem resolves itself into one of permanent custody, and this has never been conceived to be the business of the penitentiary for any save those who are serving life sentences. The primary business of the penitentiary is correction, and the mental defective, as such, is capable of little correction.

7. *Percentage Distribution According to Education.*

The statements of the prisoners themselves constitute the source of information as to education. Table XVI is presented as much to validate the sort of testimony involved in collecting these data as for the value of the facts presented. We present a percentage distribution according to whether the man said that he had had no schooling, had completed the first, second, third, or fourth grade, some grade between and including the fifth and the eighth, or had entered the high-school course or college or professional-school course. We also present the percentage distribution of those diagnosed as normal, and those presenting slight character defects. In another column we present the like distribution of those diagnosed as mental defectives and borderline mental defectives.

TABLE XVI. PERCENTAGE DISTRIBUTION OF INMATES, MARYLAND PENITENTIARY AND HOUSE OF CORRECTION, CLASSIFIED ACCORDING TO SCHOOLING.

Schooling	Total	Normal, Dull Normal, Character Defect	Mental Defect and Borderline Mental Defect
No schooling*	16.5	11.4	31.5
Completed 1 grade	5.6	3.2	13.1
Completed 2 grade	8.2	6.5	15.6
Completed 3 grade	12.2	12.7	14.6
Completed 4 grade	14.0	15.7	10.2
Completed 5 to 8 grade	30.4	38.2	8.3
High School	5.6	6.4	
College	2.3	2.1	
Unascertained	5.3	3.9	6.7
Total	100.0	100.0	100.0

* Includes also those who did not complete the first grade.

It is interesting to note that only 8 mental defectives claim to have completed a grade above the fourth. It is no

unusual thing to find a feeble-minded child in the fifth grade, though it is a criticism of the system of promotion when a definitely feeble-minded person is allowed to pass the fourth grade. Borderline cases may readily be found in the sixth grade or even higher—in fact feeble-minded persons are found in high schools. Of these defectives, 235, by their own statements, failed to get beyond the third grade, 99 of whom either never went to school or failed to complete the first grade. On the other hand, of the relatively normal individuals, only 34 per cent failed to get beyond the third grade, and only 11.4 per cent never went to school or failed to complete the first grade. Many of these are such extreme dullards that the school, as organized, makes little or no appeal to their interests.

In fact the poor education of these 1,386 persons raises in one's mind most seriously the question of how much less the work of the Penitentiary might have been if the schools had properly taken hold of these persons when they were children. Two hundred and twenty-nine of them never went to school, or failed to complete the first grade, 77 claim to have completed the first grade only, 113 others to have finished the second grade, 169 the third, and 194 others the fourth. We know well that reading, writing and arithmetic cannot keep one out of the penitentiary. We also know that every competent educator conceives his business to be the training of character and the making of citizens. No school could guarantee its product against antisocial conduct, but the school constitutes society's means of socializing the individual. These figures emphasize the educational problem as involved in preventive work which would save the expense of such institutions, to say nothing of other expenses involved in property loss, loss of life, and cost of apprehending and convicting criminals. At the same time, prevention of the offense would have saved the offender to productive activity in legitimate industry.

8. Distribution According to Offenses.

Table XVII distributes the 840 male inmates of the Penitentiary according to the offense committed. These are the more serious offenders, and perhaps for this reason their offenses are more easily classified in a concise way. In the House of Correction, we find other offenses, such as trespassing, disorderly conduct, having in possession or selling drugs and alcohol, carrying concealed weapons, and vagrancy.

TABLE XVII. OFFENSES OF MALE INMATES OF MARYLAND
PENITENTIARY, BALTIMORE, CLASSIFIED ACCORD-
ING TO MENTAL DIAGNOSES, JUNE, 1921.

Diagnosis	Total	Crimes of Ac- quisitiveness	Sex Offenses	Assault with Intent to Kill	Manslaughter and Murder	Bigamy	Arson	Other Offenses
Normal	129	98	4	5	15	5	2	.....
Dull normal.....	216	126	12	19	53	2	1	3
Borderline men- tal defect	59	40	7	.....	10	1	1	.....
Mental defect.....	85	43	14	11	17	.....	.....	.....
Character defect..	99	73	7	5	11	1	2	.....
Psychopathic per- sonality	174	118	13	7	31	1	2	2
Psychoneuroses and neuroses.....	49	26	1	3	14	2	1	2
Epilepsy	1	1	.....	.....	.....	.....	.....	.....
Mental disease or deterioration.....	28	11	3	1	12	.....	.....	.....
Total.....	840	536	61	51	163	12	9	8

These inmates are classified according to mental diagnosis and crime of which convicted. Crimes of acquisitiveness constitute 64 per cent of the total. Sex offenses constitute about 7 per cent; assault with intent to kill about 6 per cent; manslaughter and murder nearly 20 per cent; bigamy nearly 1.5 per cent; and arson and other offenses each about 1 per cent. A conspicuous point in this table is that nearly half of the cases diagnosed as mental disease or deterioration are convicted of manslaughter or murder. Twenty per cent of the mental defectives are murderers and 17 per cent of borderline mental defectives are murderers. Conspicuous amongst the crimes of the mental defectives are the 11 assaults with intent to kill and the 14 sex offenders, the latter constituting about 16 per cent of the total number of mental defectives. While dullards furnish a higher percentage of murderers, they have a much lower percentage of sex offenders. Those who are of normal intelligence furnish lower quotas for both these classes of crimes. The psychoneurotics and neurotics furnish a large quota of murderers and a very small quota of sex offenders. Crimes of acquisitiveness constitute the largest quota from the list of those so diagnosed.

It is clear that proper attention to the care of dangerous feeble-minded persons would prevent many of the serious crimes in Maryland. Likewise, more careful attention to the needs of those afflicted with mental diseases and psychoneuroses would diminish the mortality of the human race and save work on the part of the correctional institution.

9. *Recidivism.*

Table XVIII distributes 1,386 inmates of these two institutions according to their mental diagnoses and the number of sentences with which each man is credited. It must be borne in mind that these data concerning the number of sentences are obtained from the men themselves and from the records of the institution.

TABLE XVIII. NUMBER OF SENTENCES OF INMATES, MARYLAND PENITENTIARY AND HOUSE OF CORRECTION, CLASSIFIED ACCORDING TO MENTAL DIAGNOSES, MAY AND JUNE, 1921.

Diagnosis	Total	One Sen- tence	Two Sen- tences	Three Sentences	Four or More	Unascertained
Normal	203	143	33	19	4	3
Dull normal	392	256	75	39	13	9
Borderline						
mental defect	151	100	36	8	2	5
Mental defect	163	98	40	9	10	6
Character defect	128	73	29	16	9	1
Psychopathic personality	234	122	43	33	28	8
Psychoneuroses and neuroses	73	42	21	4	3	3
Epilepsy	3	2	1			
Mental disease or deterioration	40	19	13	3	3	2
Total	1,386	855	291	131	72	37

There are 1,349 inmates concerning whom these facts were ascertained. Of these 63 per cent claim to be serving their first sentences; 22 per cent their second sentences; 10 per cent their third sentences; and only 5 per cent their fourth or more sentences. In short, there are only 37 per cent who are thus shown to be repeaters. Turning to the line of mental defect, we find only 38 per cent of these who are repeaters. About 28 per cent of the normals have likewise served more than one sentence. There seems to be no partiality in favor of any

one of these diagnoses in regard to the distribution of the repeaters. The evidence of this study is negative so far as regards correlation of offense and lack of intelligence.

10. *Occupation of Inmates of the Maryland Penitentiary and House of Correction.*

In order to study the problems of the occupation and training of these populations, we made careful inquiries as to the previous training of each man. We inquired as to what had been his occupation in detail, the number of years he had been self-supporting, whether or not he was regularly employed, irregularly employed, did odd jobs, or no work at all.

Of the 1,320 men, we find that 720 of them have so many occupations reported that it is impossible to state for each what his occupation really is. Of course, this might be indicative of versatility of talent, but the presumption in the case of the kind of man we find in the penitentiary is that it is indicative of irregularity of employment and a symptom of the general incapacity of the individual to fit into his environment. It is reasonable to conclude that, for the most part, these 720 men are untrained. It is also reasonable to conclude that this diversity of occupation is further evidence of the individual's failure to fit. Of course his presence in the institution is evidence in this line.

Twenty others frankly stated that they had no occupation at all, and 10 were unascertained. This leaves us about 500 men with stated occupations. One-half of these we find to be laborers, farm laborers, and farmers. These men are occupied in work for which no training is required. Probably this represents the state of the 750 of diversified occupations and "no occupation" referred to above.

About one-third of these 500 men we find to have a small amount of training. They work at such occupations as waiter, sailor, chauffeur, clerk, miner, and railway worker.

Only about one-sixth of these 500 men—72 out of the whole population of 1,320—claim to have worked in occupations that require definite training. In this list we have barbers, bakers, tailors, blacksmiths, engineers, carpenters, painters, electricians, and shoemakers.

This pictures the relatively untrained human material—over 60 per cent of it under 30 years of age, and a large percentage of it afflicted with mental defect or definite

mental disease—with which the authorities of these institutions have to deal in their endeavors to restore these men to society with personalities so developed and re-developed that they will contribute to society rather than act again in antisocial ways.

11. *Occupation in the Institutions.*

At the House of Correction, as already mentioned, there is a farm upon which several of the men are employed. According to the statements we have obtained from the men, 28 work on the farm. Possibly larger numbers are employed at some seasons of the year. The other employment at the House of Correction are the mat shop and the pants shop. In the latter men cut and sew on power machines trousers and overalls for the contractors.

At the Penitentiary the occupations are: (1) foundry; (2) brush factory; (3) pants factory; (4) road-construction gangs. Of course many men are employed in work about the institution. Much of the clerical work and janitor work, both inside and outside the building, are in the hands of the prisoners. They likewise do the kitchen and dining-room work entirely.

12. *Preferred Occupation.*

A conscientious attempt was made by the survey staff to ascertain what each prisoner was interested in learning to do. It is naturally to be expected that the low-grade individual will have little interest in work of any kind, and it is not to be expected that he could make an intelligent choice of occupation. It is likewise true that many offenders of average endowment lack interest. They really do not want to do anything. That is part of the character defect that has made them antisocial. We are, therefore, not surprised to find the expressed choices to lie along the lines of opportunity offered in the institution. The man who is in the mat shop wants to be in the pants shop and vice versa. The man who is in the shop wants to be on the outside. Anything for a change! Intelligent choices were rarely made when the man was asked what he was most interested in doing. Some frankly said that they wanted to do nothing.

It is a fundamental matter of mental hygiene that the beginning of rehabilitation with such a man consists in stimulating his interest in some kind of occupation. He cannot be a real human being without a desire to accom-

plish something. While he lacks such a desire, he is not in a condition to be discharged, no matter if his sentence has expired.

It is important to have in the correctional institution a variety of occupations, so that the native ability and interest of every man can be appealed to—so that something can be found for each man to do which he will work at with a will. This calling out of his will in some constructive effort constitutes the first step in the making over of his personality. It is very desirable, too, to have a plan of occupation whereby additional responsibility can be given to each man as he arrives at the state of his development which warrants his assumption of more control of his activities. For instance, at a walled institution in Ohio, several hundred acres of farm land are operated by inmates who have shown themselves worthy of trust outside the walls. The farm work is done entirely by men who have pledged themselves and their honor to work out from under guard and show that they are worthy of the trust reposed in them. The farm work is made a species of "parole on the premises."

Where there has been some previous training, it is highly important to utilize this training in further efforts to socialize the individual. Also, it is undesirable to put a man to work, during the time he is serving his sentence, at a trade which it is hardly possible for him to pursue in the community. These sewing-machine operators in both institutions will, very few of them, have opportunity to pursue such work in the outside world, even if they so desire. In the total population of 1,349 male inmates, we find only 10 who claim to have been tailors and garment makers before admission to the institution, and yet more than one-third of these men work on sewing machines every day; and the probabilities are small that more than a score of them will pursue such work upon discharge from the institution. There is no spirit of learning a trade. It is simply the performance of task work. It is rendered in the spirit of a task, not in any sense viewed as an accomplishment.

Again, it is to be borne in mind that many of these men are unfitted by native endowment to work at such tasks with profit to themselves and others. Many of these men working on sewing machines are really far more useful both in and out of the institution as farm laborers. The work on road construction and that in the foundry at the Penitentiary are very suitable occupa-

tions for the dullard type incapable of further development and training for more skilled occupation.

It is important, when the opportunity is afforded by adequate appropriation for the purpose, to develop in these institutions a sufficient variety of occupations to afford scope for the development of skill in every man who comes in to serve time. It is important, in allotting the man to his work, to study his own interests and to watch these interests develop as his personality finds expression in his work. The termination of an indeterminate sentence will usually come when one has become so interested in doing something useful that there will be little or no tendency to drift again into antisocial conduct.

Mental Hygiene and Correction in Maryland.

The student of mental hygiene looks at these institutions from the point of view of social engineering. He inquires what is their work and in what way they are serving the state.

Just as the insane are no longer regarded as possessed of the devil, but are considered as sick persons and treated in hospitals, so, in recent years, we consider criminals as in no wise different from the rest of us except in degree of socialization. The same instincts and emotions underlie the conduct that we consider antisocial and the conduct of the socially responsible individual. The business, therefore, of the reformatory is to find out how these emotions and instincts have been organized into the character of the offender to make him antisocial, and to seek to remold or rehabilitate his personality. By this process, he is converted into an asset instead of a liability. The most serviceable penitentiary or reformatory is, therefore, the one that can most speedily make this analysis and effect this rehabilitation.

Of the 1,386 individuals studied in the Maryland Penitentiary and House of Correction, only 66 are women. Numerically this is a small part of the work of these institutions, however troublesome some of the individual problems may be. We have observed that upwards of 60 per cent of these inmates are under 30 years of age. This emphasizes the educational character of the correctional work. Sixty per cent of these inmates are native-born Negroes. This calls attention to the large number of relatively low-grade intelligence endowments with which the institutions have to deal. The fact that large

numbers of the remaining 40 per cent are of races from western and northern Europe presents a hopeful aspect for this reformatory work.

It is significant that there are only half of these men and women concerning whom we can say, after study, that they are without serious mental disorder or defect. Of these, over 100 are diagnosed as having minor character defects, and nearly 400 as dull in intelligence endowment. Of the other half who have serious mental defects, about 300 are diagnosed as mental defectives, over 200 as psychopathic personalities, and upwards of 100 are epileptics, or have psychoneuroses or definite mental diseases or deteriorations. This situation is a very complex one for the educator and trainer to deal with. It makes the penitentiary a very special kind of school. Each problem is an individual problem.

These various kinds of problems are not distributed to various age groups, nor do we find repeaters distributed predominantly in any one of the various kinds of mental defect. These men are, on the whole, very poorly educated, as we would expect from the large numbers of feeble-minded and dullard individuals. The analysis shows also most serious and dangerous crimes to be committed by mental defectives, emphasizing the need of proper care of persons of defective intelligence. The feeble-minded are indeed sources of danger to the community because of their extreme pliability and suggestibility.

The occupational training of these offenders in the Penitentiary and the House of Correction is as poor as their school training. Very few—less than 100—of the total number have attained any skill in their work. The occupations in the institutions give little opportunity for developing skill or useful habits of industry which will serve to place the man in productive lines when he is paroled or discharged. Very small numbers of these inmates have any intelligent interest in making more useful persons of themselves. Properly diversified occupations constitute the fundamental need in these institutions.

The Penitentiary is at present making definite progress toward the goal of a modern correctional institution. The morale of the men is good. The Welfare Club—a contribution of the present warden—is proving of great value in giving the men outlook and inspiration to improve. The House of Correction is more like a workhouse. The short-term man should be put to work and made to see that his work constitutes a means of his terminating his sentence.

Indeterminate sentences for all offenders would improve the situation of the offenders and would put the institution upon its mettle to do its work effectively. This would necessitate an intensive analysis of each character, a sorting out of the men according to learning capacity and educational adaptability, both for school training and occupation. Our figures show that offenders in Maryland, for the most part, finish their criminal careers before they reach middle life. These correctional institutions should so manage their work as to shorten this period of experimentation and, therefore, shorten the work of the correctional institution itself.

We recognize that the mentally ill should be in hospitals for the insane. Illness demands hospital treatment. Persons with social vision universally recognize today that the mentally defective delinquent constitutes a problem different from that of the delinquent who has good intelligence. A defect in personality with good intelligence endowment presents a reasonable problem for the correctional institution. The delinquent who is definitely defective in his intelligence equipment cannot be expected to respond to the same stimulations. It is generally conceded that he should be treated in an institution where his defect is recognized as the fundamental difficulty in his character and the underlying reason for his antisocial conduct.

The most fundamental need of all for these two institutions is a thoroughgoing character study of each inmate. This study should begin upon admission. We do not mean by this a perfunctory examination by psychiatrists, much less a rule-of-thumb examination by psychologists. We mean a genuine expansion of the work now undertaken by the chaplain and by the Prisoners' Aid Association, by the physician, by the warden, and by the Advisory Parole Board. This work calls for a man-to-man relationship between examiner and examinee. It consists in getting into the real motives of conduct, just as a psychiatrist endeavors to understand the perverted motives of his patient, who has manifested by his abnormal conduct that his ways of feeling have been diverted from the normal channels. Such an examination should ascertain what the man really feels when he acts in ways that subvert the happiness of others and destroy property or lives. With such a careful attempt to discover the cause of the delinquent's disjointedness with society, with the indeterminate sentence by which he is sent to the institution, with proper care of his physical health, proper allotment

to an occupation, and careful follow-up work as he goes through his career in rehabilitation, there should be a tremendous salvage of useful human material which as a result of present methods often goes out fully determined to do the same thing over again, but to do is so skillfully as not to be caught.

Such work involves a very high character in the personnel. We recognize that police and penitentiary guards ought to be real social workers. It is social service in which they are engaged. What we have said indicates the high requirements, both in the matter of training and natural gifts, for the guards in such institutions. These men should be genuine men's men. They should be gifted with insight and the ability to serve others, for genuine human response can be elicited only by such happily endowed persons. The cases with which these men deal represent misunderstanding and mis-handling in childhood and youth. If these shortcomings of their earlier life are to be corrected they must receive understanding and skillful handling.

In the state schools for boys and girls and in the state-aided institutions reported herein, there is evidence of the same kind of problems as we find among these adults. We find mentally defective children who should by all means be recognized as such and disposed of in institutions designed for defectives. We find psychopathic children and we find minor character defects very much as among adult offenders.

The point of cardinal importance for these peculiar children, as for the adults of like endowment, is that they be studied, recognized for what they are, seriously treated as individual problems in the opportunities for school work, for play, and for occupation, that are afforded them. The same skillful personnel is needed in each of these schools as we find necessary in the reformatories for adults, and this skill will pay for itself in the obviation of many of the adult problems.

The county jails we have found to afford miserable and quite inappropriate shelter for some insane, some defective, and many young persons. The jail sentence should be abolished. Doing time in a county jail is about as subversive of personality and character as anything that could be devised. While it continues necessary to have such lock-ups for the detention of persons awaiting trial, better shelter should be provided them than many of these county jails afford. They should be made sanitary.

The large number of mentally defective children found in the analysis made in the Juvenile Court of Baltimore City calls attention to the high desirability of so organizing this court that the thorough mental analysis and social analysis suggested above for penitentiary inmates should be made also of every boy or girl who comes into this court. Such examinations will also reveal many correctable defects in these boys and girls which now go by unnoticed and which are, therefore, not taken into consideration in the diagnosis which should precede the prescription—the sentence that the court metes out. No doctor is considered a good one who prescribes before he examines the patient. No court can be considered to be doing its whole duty when it prescribes or metes out sentences without knowing the individual offender through the analysis afforded by mental medicine. Such analysis is fundamental to successful treatment.

Mental Hygiene and Dependency.

In the studies reported of dependent children, the mental-hygiene problems are emphasized similarly to what is they are among delinquents. No great preponderance of mental defectives is found amongst the dependent children of Maryland, yet such exist. It is important that they be known and treated according to their condition. Education of the defective should be so distinctly different from that of the normal that this analysis is primarily needed to fit the dependent child into his proper training school.

The problems of unusual character make-up are quite as frequent in these dependent children as among delinquents.

It is important not only that every orphanage should have the benefit of such mental studies as we recommend in correctional institutions, but also that every children's aid society should see to it that every child coming under its care is given the benefit of a most thorough character study as well as a complete physical examination.

The county almshouse presents serious social problems. It does still care for some insane. State care should reach out to take charge of all these mentally ill or deteriorated persons. The magnitude of the task is not great. The state hospitals should take away from county care everyone who is a mental case.

Of far greater magnitude is the problem of the feeble-minded person in these almshouses. It is of greater mag-

nitude because of its import for the future. The county almshouse is not a proper preventorium of the multiplication of these social problems. It abets rather than prevents the multiplication of mental defectives. The probably 125 feeble-minded persons in the 17 county almshouses in Maryland should be immediately provided for in state colonies. There is no more productive line in which the state of Maryland can invest funds than in making proper provision for the care of feeble-minded persons, enabling them to work and produce as much as they are capable of producing and at the same time be prevented from multiplying their kind.

If the feeble-minded and the mentally diseased and deteriorated were removed from the almshouses of Maryland, it would no longer be necessary for the counties to maintain these institutions. The poor and aged infirm deserve treatment in a real hospital, and some arrangements should be made to give them such treatment.

Public School Surveys.

While details have varied somewhat in different parts of our public-school survey work in Maryland, the procedure has been the same in essentials. We have made a careful mental examination of each individual child reported upon.

1. In Baltimore and Carroll Counties, a personal interview was held with every child in school and with the teacher concerning each child. We set down in the record the sex, color, nativity, and age of the child, his grade in school, the grades he had repeated, his attendance, his delinquencies, and the character of his work, the nativity and occupation of his parents, the character of the home, and the economic status of the family. A mental examination was made of every child in the school. A mental diagnosis, a statement of his personality make-up and his physical abnormalities, were made a part of the record.

2. In Baltimore City, Dr. Cornell arranged with Dr. Traub of the Baltimore School Survey to have turned over to him the intelligence tests of the children who have made the lowest scores. These group tests were the National Intelligence Tests. Three hundred and seventy papers, constituting the lowest 9 per cent of 4,137 children examined in various grades in various schools all over the city, were thus passed over to Dr. Cornell. These 370 children were given individual mental examinations, and interviews with pupils and teachers resulted in ob-

taining for them all careful records of all the data referred to in the paragraph above.

3. In Frederick, Talbot, and Anne Arundel Counties, group intelligence tests were given to all children in all the schools visited. These tests were mostly the A. and X. forms developed by Dr. Haines from the Army Alpha Tests. Some few pupils in the upper grades in Talbot County were given the Alpha Tests. Personal history records were developed for all these pupils. These gave all the data outlined above and in addition thereto noted speech defects and provided for a more thorough analysis of personality make-up and more details of family and medical history.

On these records were given the results both of the group intelligence tests and of the individual mental examinations. Individual examinations were given to every child whose group-test score opened him to the suspicion of being a mental defective. Special problems brought to our attention by teachers were also examined individually. Mental diagnoses were arrived at by individual examination in all problem cases.

From such surveys of school populations, we secure a variety of information not commonly possessed by teachers and superintendents. We have made it a part of our business to convey to the superintendents and principals the results of group-test examinations and of individual mental examinations, thus making three important contributions to the responsible school authorities: (1) They are provided with lists of special cases who need special schools in order that they may be most effectively trained and in order to save the heavy expenditure of money entailed in the present abortive attempt to put defectives and dullards over courses of study designed for normal-minded children. (2) They have put before them in concrete form a method by which a mental-hygiene clinic could continuously aid their schools by helping them effectively to adapt educational procedure to the needs of individual children. (3) They have in the group-test scores and the interpretations of the same a fairly concrete grading of the intelligence of each child in the school, which enables them to evaluate the progress of the individual and the methods of promotion.

Table XIX presents the distribution of the various mental diagnoses by counties, giving the numbers of the various kinds of cases. Table XX gives the same data distributed by percentages. The studies of the 4,000

TABLE XIX. DISTRIBUTION BY COUNTIES OF MENTAL
DIAGNOSES OF 4,839 PUBLIC SCHOOL CHILDREN
IN MARYLAND.

Diagnosis	Total	Anne Arundel County (Colored)	Baltimore County	Carroll County	Frederick County	Talbot County
Superior	439	1	168	43	90	137
Normal	2,684	162	974	230	805	513
Dull normal	733	258	27	8	305	135
Borderline mental defect	178	31	67	45	23	12
Mental defect	165	60	34	31	30	10
Character defect	488	110	151	71	84	72
Psychopathic personal- ity	90	29	36	12	2	11
Psychoneuroses and neuroses	36	22	.....	.....	8	6
Mental disease or de- terioration	12	.....	4	.....	8	.....
Epilepsy	9	3	.....	.....	4	2
Endocrine disorder	5	.....	.....	.....	2	3
Total	4,839	676	1,461	440	1,361	901

TABLE XX. PERCENTAGE DISTRIBUTION OF MENTAL
DIAGNOSES OF 4839 PUBLIC SCHOOL CHILDREN
IN MARYLAND BY COUNTIES.

Diagnosis	Total	Anne Arundel County (Colored)	Baltimore County	Carroll County	Frederick County	Talbot County
Superior	9.1	0.1	11.5	9.8	6.6	15.2
Normal	55.5	24.0	66.7	52.3	59.1	56.9
Dull normal	15.1	38.2	1.8	1.8	22.4	15.0
Borderline mental defect	3.7	4.6	4.6	10.2	1.7	1.3
Mental defect	3.4	8.9	2.3	7.0	2.2	1.1
Character defect	10.1	16.3	10.3	16.1	6.2	8.0
Psychopathic personality	1.9	4.3	2.5	2.7	0.1	1.2
Psychoneuroses and neu- roses	0.7	3.3	.....	.....	0.6	0.7
Mental disease or deterio- ration	0.2	.....	0.3	.....	0.6	.....
Epilepsy	0.2	0.4	.....	.....	0.3	0.2
Endocrine disorder	0.1	.....	.....	.....	0.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

children in Baltimore City did not result in data that can be presented in the same form, since diagnoses were made only in the cases of the lowest 9 per cent. There were 3,646 white children and 491 colored given the National Intelligence Test in the City of Baltimore, and 325 white children and 46 colored were referred for individual examination. It must be borne in mind that these children were all in grades above the third, since the National Intelligence Tests are not adapted to children in the lower grades. These tests were given to the children of not more than one or two rooms in a school in various schools over the city. The survey is, therefore, not a complete survey of any given school, and unfortunately no study was made of the younger children in school.

Of these children studied intensively in Baltimore City, 91 white and 3 colored were diagnosed as mental defectives. These constitute 2.5 per cent of the total number of white children, 0.6 per cent of the colored, and 2.3 per cent of the total 4,137 children comprised in Dr. Trabue's survey.

Ninety-nine other white children and 20 other colored children were diagnosed as of borderline intelligence, meaning thereby that it was very doubtful whether or not these children were possessed of sufficient intelligence to be expected to manage for themselves when they grow up. The borderline and the mentally defective cases together, therefore, constitute 5.2 per cent of the white children and 4.7 per cent of the colored children.

The very small numbers and percentages of colored children diagnosed as of borderline intelligence and feeble-minded emphasize a shortcoming of this work in Baltimore City. In every school for colored children, considerably larger numbers of defectives have been found than in white schools. Compare the results as shown in Tables XIX and XX for Anne Arundel County.

These feeble-minded colored children which the Baltimore Survey did not locate are in the lower grades. What holds so emphatically here of the colored children holds in a lesser degree for the white. The majority of feeble-minded children found in any white school are in the first three grades. The more careful the grading, the more certain we are to find the feeble-minded in and below the fourth grade in school. It is safe to assume, therefore, that these figures for Baltimore City are too conservative. Considerably larger numbers of candidates for special schools would be found in any complete canvass by schools.

General Comparison of County Schools.

An analysis by schools of the numbers of feeble-minded children found in the five counties shown in Table XIX presents further detail in regard to the spottiness or pock-marking of feeble-mindedness. In Table XX we see the strongest contrast between Talbot County, where only 1 per cent of 901 children were found defective, and the colored of Anne Arundel, where about 9 per cent of 676 children were found defective. Carroll County stands out as presenting 7 per cent of 440 children defective, while in Baltimore County and Frederick County we found about 2 per cent.

Table XXI presents similar details by schools, showing the total number of children in the school and the number and the per cent found to be mentally defective. Thus detailed, we find the percentages of mental defectives to run from zero to 12.5 per cent. Incidentally the school that shows 12.5 per cent feeble-minded—5 out of 40—also affords three of the nine epileptics found in these county surveys. We find in this county of Frederick, within a few miles of each other, two schools presenting almost the maximum contrast of the whole survey.

TABLE XXI. MENTAL DEFECTIVES AMONG SCHOOL POPULATION OF PLACES SURVEYED.

County	Schools	School Population	Number	Mental Defectives Per Cent.
Baltimore County	Catonsville	511	4	0.8
	Dover Road	33	1	3.0
	Monkton	42	4	9.5
	Phoenix	55	6	10.9
	Sparks	86	3	3.5
	Sparrows Point	569	12	2.1
	Sunnybrook	23	0	
	Towson	142	4	2.8
Carroll County	Mexico	35	0	
	Mount Pleasant	27	3	11.1
	Oregon	28	1	3.6
	Pine Knob	22	2	9.1
	Royers	34	3	8.8
	Union Mills	41	2	4.9
	Westminster	253	20	7.9
	Blue Mountain	40	5	12.5
Frederick County	Brunswick	805	18	2.2
	North Market	462	4	0.9
	Catoctin Furnace	54	3	5.6
	Easton	605	6	1.0
Talbot County	St. Michaels	170	2	1.2
	Tilghman's Island	126	2	1.6
Total		4,163	105	2.5

Amongst 462 pupils in the North Market School in Frederick, there were only 4 defectives located in contrast to 18 found amongst 800 children in Brunswick and 5 in a small school at Blue Mountain. This table affords striking evidence, therefore, of the tendency of poor mental endowment to run in family strains. Bad stocks, such as the Jukes and Kallikaks, are indicated by these high percentages, for closer inquiry often shows that these mentally defective children are closely related.

In view of this great variation in the incidence of mental defect, it is idle to undertake to predict by *a priori* reasoning how many feeble-minded will be found in any given population. Nevertheless, these facts obtained in the field, in various parts of the state, in various kinds of communities, and covering, as they do, nearly 5,000 children, give us not only the actual 165 children found in the counties and the 94 in Baltimore City, but also a reasonable basis for calculating how many defectives there may be in the whole school population of the state. Counting in the Baltimore data, which we have shown to be ultra-conservative, we find 259 mental defectives among 8,976 children, or 2.9 per cent. In the report of the State Board of Education for the year ending July 21, 1920, the total average daily school attendance for the year then ending in the schools of Baltimore and of the counties is given as 175,000. Two and nine-tenths per cent of 175,000 gives us in the schools of Maryland today over 5,000 children who are so handicapped in the way of native endowment that there is little reasonable hope for them to attain to citizenship and self-direction.

The aggregate numbers of children of borderline intelligence, colored and white, in the five counties is larger than the aggregate of the feeble-minded. These, as already stated, are of such low endowment that there is serious question in the minds of the surveyors as to the ability of these children to profit by ordinary school opportunities. Such lame minds as they possess cannot profit by a curriculum and a teaching schedule designed for normal-minded children. They clog the machinery of the school; they become discouraged; they prove a vexation to the teachers and a hindrance to the regular school work. Their presence holds back the normal children. To expect them to learn like normal children is to *waste school funds*.

The dullard (dull normal) is the next higher group. This sort of person lacks in imagination; he cannot use imagery as the normal person does, for he has not the

mental pictures to use; he does not visualize as other people do. As he reads, words are only words. History and literature cannot be interesting to him. But the dullard is not a mental defective. He makes a citizen, respectable and self-supporting, though in school he often passes for a dunce. It is very important that the public school should help such an aberrant mind to find itself. The school should find a means to develop in him such talents as he has, for these often prove to be very useful despite the discouragement and blunting that they receive in school. His mind necessarily works with the concrete. He works with things and with his hands. We found 733, or 15.1 per cent, of such children in the five counties.

The 9.1 per cent—439 persons—rated as superior also need special facilities for their education. Society loses incalculable human development by endeavoring to hold down its talented children to the pace set by the average child. This most gifted class of children is probably more valuable to society than all the rest. These children are the material for future leadership in art and science and social advancement. Their value is greatly curtailed by the abuse to which our schools submit them. It would be impossible to offer a mathematical statement of the loss society sustains by failing to offer proper opportunities for development to its gifted children.

Group Intelligence Tests.

In school surveys, group intelligence tests have proven invaluable. Their most helpful service is in picking out the special problems—most particularly problems of intelligence defect. Such tests enable us to secure an objective rating of a child's ability such as it is seldom possible for a teacher to give. When we have such results to supplement the teacher's opinion of the abilities of her pupils, we are not likely to miss any of the serious problem children in the school. These tests are also continuously useful in schools, furnishing a running check upon the methods used in promotion, as well as upon the advancement of individual pupils.

For the A. and X. forms of group intelligence tests, we have as norms median scores calculated from upwards of 11,000 children in three different states—Missouri, Mississippi, and Maryland. Of the X. form, ordinarily given to children in the first three grades, we have 4,900 scores. Of the A. form, ordinarily given to children in the fourth grade and above, we have over 6,400 scores. These scores being arranged in age groups, and in the order of their

magnitude in these groups, the middle score in each age-group series is taken as the normal attainment for a child of that number of years of age. In reporting to superintendents and principals the results of group intelligence tests in schools (and this we consider a part of the service privileged to a school survey), we always give in addition to the score the mental age corresponding to the score and the coefficient of intelligence of each child tested. This coefficient of intelligence is simply the quotient obtained by dividing into a child's score the expected score for one of his age. If a 9-year-old is expected to make a score of 90 and makes only 72, his coefficient is 80. These reports of group intelligence tests are always made with caution. They may not adequately report the individual's ability. Group tests given under proper conditions will not over-rate an individual, but they may not fully present his possible performance.

In order to illustrate another use of the group tests, we present a comparison of county groups by means of weighted age group coefficients. A weighted age group coefficient is the quotient obtained by dividing the total number of individuals in a group into the sum of the products of the numbers in each sub-group by the coefficients of the several sub-groups. These coefficients of the sub-groups in turn are obtained by dividing the median score of the sub-group into the medians above referred to—the Tri-state norms. In Frederick County, the 1,278 children thus give a weighted age coefficient of 0.88. In Talbot County, 654 children give a weighted age coefficient of 1.33. The 459 colored children in Anne Arundel County give a weighted age coefficient of 0.48. These totals do not tally with the totals of Table XIX for the reason that many children not present at the group tests were later found and examined by other methods. The closeness of the parallel between the percentages of feeble-minded children found in Table XX and these weighted age coefficients is striking. The lower the coefficient, the larger the number and percentage of feeble-minded. This concretely presents a service offered by the group intelligence test. A statement of coefficients by schools and by rooms compared with Table XXI would bring this more fully into view. In the room where a very low coefficient is found, there must be considerable numbers of feeble-minded.

The study of individuals, however, affords the real meat for such a school survey. The group test leads us by low coefficients made by individual children to the selection of

their cases for individual study—to those who are likely to prove feeble-minded, of borderline intelligence, or dullards. No group test is adequate for making a mental diagnosis. The group tests do, however, save time and also present data of value to school authorities in regard to the educational advancement of individuals.

Psychiatric Examinations and Findings.

In addition to mental defect, there is another kind of mental abnormality bearing upon school work. We refer to aberrations of the emotional and volitional side of life, *the structure of the character*. These variations tend in the direction of mental disease as contrasted with mental deficiency. Such variations from the normal present greater difficulties to the educator than do mental deficiencies. They are also the abnormalities most in evidence when we analyze persons before courts, persons found in jail, and inmates of correctional institutions. It is in this field that education should work to *prevent crime* and other *antisocial conduct*. The business of the school is the socialization of the individual. If the school could do its work adequately and properly socialize all children, there would be no antisocial conduct.

No intelligence tests, group or individual, are of much use in diagnosing these character aberrations. For making such diagnosis, one must be possessed of the experience of the psychiatrist. One must know the abnormalities of human behavior from the point of view of the student of mental medicine. In Table XIX, we find, in addition to the first five lines already referred to, several other distributions of mental diagnoses. There are 12 cases of mental disease and mental deterioration. These need no comment. In popular parlance these are cases of insanity or the results of brain disease. There are 9 cases of epilepsy and 5 of endocrine disorders. The epileptic always deteriorates sooner or later, often manifesting insane episodes. The endocrine disorders are most diverse. They are apt to manifest nervous symptoms. There are 36 cases classed as psychoneuroses and neuroses. These are still in the field of recognized mental pathology and yet they are not classed as insanities, in our old legal phraseology. They comprise such disorders as hysteria, psychasthenia, and neurasthenia. We then come to 90 cases of psychopathic personalities. These used to be designated as moral insanities and then at a later day they have been called constitutionally inferior persons. The present designation seems better to characterize the individual. They

are not recognized as insane; they have insight and self-control when they wish. But they are some of the most troublesome persons in our reformatories and prisons as well as in the community. Many of them are sex offenders, some sex perverts, and many of them drug addicts.

We find 488 persons diagnosed as having character defects. This caption serves to designate more or less decided deviation from normal character development. We find such persons too emotional, hypersensitive, unusually lazy and aboulie, too much self-centered, unusually shut-in and inaccessible, given to day-dreaming in an abnormal degree, or much inclined to magnify, favorably and unfavorably, other persons' opinions of themselves, taking mere hints to constitute positive statements. These persons are not psychopathic in the ordinary sense of the word; they are variations in the direction of mental abnormality. They may develop into mental abnormalities as a result of mishandling. It is an important part of the work of any school clinic to point out such potential abnormalities in order that the school may guard against inappropriate treatment and may take measures to secure normal development. It should be borne in mind, however, that these cases would, in many classifications, be found among the normals.

The Feeble-minded Child and the Special School

A serviceable working definition of mental deficiency must be social. Such we have had in mind in the diagnoses herein presented. It is this that school clinics should have in mind in selecting children for special schools. That person is feeble-minded whose mind (intelligence) and character are so backward and undeveloped as child and adult that he hinders or interferes with the pursuit of happiness on the part of other persons in the community. Because of his late and incomplete development, he interferes with the community development.

Such persons may be overtly antisocial. They may murder, steal, spread venereal and other diseases, and be otherwise immoral, and they may bring forth abundantly of their undesirable kind, for heredity works infallibly in these cases. While college graduates have families of two children, these people have families of twelve; and the twelve are, every one of them, burdens upon the community because of their mental deficiency.

For all these reasons, it is important for us to *protect ourselves from the feeble-minded*. They do not present such immediate danger to the individual as does the wild

maniac who comes out flourishing a knife, yet they are in these many ways antisocial and dangerous.

Seventy years ago, Seguin showed us that mental defectives were trainable. Our states thereupon began the establishment of institutions for training feeble-minded children. Maryland established Rosewood in 1888. Many of these schools have developed colonies where adults are kept in custody—a most essential supplement to the training school, for some adult feeble-minded are more dangerous after training than before.

A great advancement has come in recent years from the intelligence tests originated by Binet. We have made great progress in measuring so-called intelligence. No psychologist claims to know exactly what intelligence is, much less to be able adequately to measure it. It is very important for us to keep in mind the impossibility of an intelligence test assessing the mind, character, and social adaptation of an individual in such a way as to mark off by that means alone the feeble-minded from the competent. No test in itself is adequate for making the practical separation of these social dangers from the rest of the community. An intelligence quotient is an important diagnostic aid, but it is only one of many such aids which we have at hand.

We have learned that there are persons of every low wits who are nevertheless inoffensive even in the sphere of reproductive activity (a biological matter).

Training helps us to make *good*, and, therefore, inoffensive and useful, some very poorly endowed children. This fact enables us to parole and discharge some persons from the State Training School. It also makes it possible for the *special school* in our public-school system to provide the necessary training to convert some children who constitute *social dangers* into *community assets*. It is necessary to train or attempt to train and socialize the feeble-minded as a matter of self-protection. We cannot build institutions large enough for all such feeble-minded children. We could not get them into the institution if we did build it; therefore the matter is put squarely up to the public school. But entirely aside from these practical considerations, it is eminently the business of the public school to train all the children of the community. The schools are responsible for training for citizenship and service. It is their business to offer that training to each child which will make him the most serviceable member of society.

Our present procedure, without special schools for these special deficient minds, constitutes a gross misapplication of tools and material and a waste of the people's money. To compel these defectives to attend classes wherein they find no appeal to their interests is to compel in them the development of undesirable habits. It antagonizes them, it irritates the teachers, and it wastes the time of the teachers and of the normal children. It is, therefore, not only a waste of money, but a waste of the nation's greatest asset—her forthcoming generation.

The special school must provide more of individual instruction; therefore there must be fewer pupils. Sixteen should be the maximum for a teacher. It is also necessary for the teacher to be especially trained to deal with these dull minds. They develop slowly and by means of concrete experience, by contact with things, working with their hands. Isaac Newton would have been a poor teacher of geometry. When he read Euclid, the propositions were self-evident to him. He had no use for the demonstrations. He could not, therefore, see or feel or in any wise experience the slow processes of reasoning by which an ordinary student masters his geometry. Just so the ordinary teacher who can teach his kind successfully, having only an ordinary normal-school training, would be unable to teach the feeble-minded. It is necessary for the teachers of the special school, most of all, to get acquainted with the type of mind that such schools deal with to get a feeling of the processes by which information and development come to such retarded individuals.

Because of the special character of the teaching required and the small number of pupils desirable for the special class, 7 states have provided for state aid to be given special schools, paying part of the salary, in most cases, of every teacher engaged for a special school. Minnesota, Missouri, New York, New Jersey, Pennsylvania, Wisconsin, and Wyoming have such statutory provisions. Because the teacher should be especially trained for this work, it is generally required that the State Department of Education should approve of the establishment of the school and of the teacher selected. Some of the states require that there shall be special schools established wherever there are ten or more mentally defective children in a school district. Some also provide that where there are less than ten feeble-minded children in a district, contiguous districts may arrange for the joint establishment of a school for mentally defective children.

A questionnaire sent out by the National Committee for Mental Hygiene to 440 cities in the United States—all those having 25,000 or more inhabitants—and to some smaller cities, when mentioned specifically by state superintendents as having special schools, have resulted in 331 reports, 109 not yet having reported. Of those reporting, 286 cities report that they have special classes for defective children and 11 more opened such classes in September, 1921.

The same questionnaire has elicited these facts: There are in the Union 29 states with urban school populations aggregating 7,491,645 in which special classes are to be found in some city schools. The enrollment of schools in cities reporting special classes is 3,855,772. This is 52 per cent of the city school population in states having some special classes.

There are 31,384 pupils enrolled in special classes in this country. These children constitute 0.81 per cent of children enrolled in the schools of the communities where such special classes exist. Minnesota has 1.4 per cent of her urban school population in special classes.

The city of Baltimore has 30 ungraded and special classes; only three of these, with 56 pupils, are for mental defectives. This is far below the necessary provision for the mental defectives in Baltimore. The classes vary widely in equipment, teaching, and organization. Facilities for examining children—not only to note their progress in such work, but to determine what children shall go into the work—are very inadequate. The supervision of this work, as well as the clinical equipment, is quite inadequate. In the counties there are no special schools.

This situation constitutes an imperative demand upon the public schools of Maryland to provide special training facilities for Maryland's defective children.

The plan of state aid for this special kind of education seems to be the rational means of providing it, and it being such special work, it seems highly important that its organization and supervision should be quite directly under the state superintendent of education.

Dullards.

The dullard mind is atypical in imagination. This mental handicap does not make its possessor a social burden. It is, therefore, our first duty as educators to try to make of these dullards the most useful citizens possible—useful to themselves and to others. They cannot progress in

regular classes because of the atypical imagination, the lack of imagery, in their endowment. They balk at something—it may be arithmetic, it may be spelling. For these, special classes, or rather individual instruction, are indicated. It would not be right to put them into classes with the mentally defective. That would be the worst possible disposition of such cases. It would drive them from the school. The country school, which allows every one to go at his own pace, is the ideal school for such children. The so-called ungraded class in our city or consolidated schools is best adapted to the dullard. With each special child, it is necessary to study his aptitudes and interests. The mental clinic will often find the dullard's special myopia, and point the way to its correction. Mental and other medical studies of these children will richly repay the cost in the aid furnished to the teachers and in the happiness brought to the children. This class of children then, point to two special needs: (1) the mental clinic, (2) the opportunity for individual instruction.

The Nervous or Psychopathic Child.

We find in these studies 152 children, or 3.1 per cent, among the 4,839 of the five counties comprised in Table XIX, who are epileptics, endocrine cases, afflicted with mental disorders, psychoneurotics or neurotics, or psychopathic personalities. These are nervous and mental cases. They present by no means such unpromising material for salvage as the mentally defective. In these children, we often find some of our best talent. On the other hand, if neglected, they are the most sure to become delinquents and to give society trouble.

Besides these, there are 10 per cent whom we designate as having character defects. These are verging in the direction of nervous or mental disorder. They are unduly emotional, egocentric, secluded, or handicapped with some other abnormality of the will or emotions; but such abnormality does not eventuate in serious aberrations of conduct from ordinary social standards.

Among these 4,839 children of the five counties and those in Baltimore City, we find 213 children afflicted with speech disorders of one sort or another. In Anne Arundel County, 18 of these were found amongst 676 children, constituting 2.7 per cent. In Baltimore City, 25 were noted among the 301 cases especially studied. In Baltimore County, 41 cases of speech defect, or 2.8 per cent, were found amongst the 1,461 children. In Carroll County, 16 children, or 3.6 per cent of 440, were found; in Frederick

County, 76 cases, or 5.6 per cent of 1,361; and in Talbot County, 34 cases, or 3.8 per cent of 901 children examined.

There is much variation shown in the distribution of speech defects by county groups, ranging from 2.7 per cent to 5.6 per cent. It also varies much from school to school. In Frederick County, for instance, Brunswick School, with 805 children, reported 41 cases, or 5.1 per cent. In Catoclin Furnace, no cases were found. At Blue Mountain, three cases amongst 40 children constituted 7.5 per cent, and at North Market School in Frederick City, 32 cases of speech defect amongst 462 children constituted 6.9 per cent.

Speech defects, such as letter substitution, oral inactivities, and stuttering and stammering, as classified by Dr. Smiley Blanton, are in many instances essentially neurotic or psychopathic conditions—that is, the child has the speech defect because of a nervous condition, and successful treatment is directed to the nervous disorder. The noting of these defects, therefore, constitutes another index of the predominance of nervous or psychopathic children in these schools. As such, it constitutes further evidence of the need of special clinical facilities in the schools and special educational facilities for dealing with this special sort of child.

Mentally Defective Colored Children.

A casual glance at numbers and percentages of the mentally defective, borderline mentally defective, psychopathic personalities, and psychoneurotics, in Tables XIX and XX, for Anne Arundel County, which is a study of colored children exclusively, indicates the mental problems involved in the education of these colored children.

One-third of these children were studied in five rural schools, the remaining two-thirds in Stanton School, Annapolis. There is no significant difference between the incidence of these problems in the country schools and in the Annapolis school. They present here, however, marked differences from their incidence in white schools. There are fewer children whom we can designate as of normal mental constitution, only one of superior intelligence, and considerably larger numbers and percentages of mentally defective in intelligence and with outstanding character defects.

The indications are, therefore, that there is more need for special classes amongst the colored than amongst

the white. This is to be expected. These children need to have considerable emphasis placed upon the cultivation of manual dexterity. They all need training through the use of the hands. Their minds can be developed best with concrete material. By this means they can be aided in getting possession of imagery by which they can learn to think and act according to the facts presented by their environments. The development of citizenship which will come with this developed capacity to think and act rationally will amply repay the institution of careful medical and mental studies of these children and the organization of the educational work to fill the prescription of the physicians.

Mental Hygiene in Education.

The analysis of mind and character of the school child in five counties of Maryland demonstrates the existence of mental-hygiene problems in the schools. These problems are shown to be of such a nature that, if their existence is not known, education cannot be effective. There are conditions for the proper growth of mind, just as for any other growing organism. These conditions must be favorable or growth is stunted. We must know the mind that is to be trained before we can train it properly.

The single curriculum and the single school schedule fail to fit both the highest and the lowest in development. We are well aware that special provision must be made for the superior as well as the dull. The highly endowed child will progress through the eight grades sometimes in four years and develop thereby better than the average child in twice the time. The dull child, with his lame imaginative faculties, is incapable of doing some of the school work, while in other lines he can progress normally. For minds of this sort the ungraded class is indicated.

The mentally defective need special schools both for their own sakes and for the sake of others. They hinder the normal child out of all proportion to what they gain themselves, and the gain to themselves is quite incommensurate with the effort expended upon them when they are carried along in regular classes. These children are so markedly lame in endowment that they require individual instruction and that instruction directed to the training of the hands in concrete manual activities. It is through the co-ordination of muscular movement that mental processes co-ordinate and develop. These children require special instruction, the progress of which is carefully adjusted to the development of each.

The endocrine, epileptic and mental disorder cases are definitely recognized as medical problems. These matters are as readily recognized as belonging to the doctor as are troubles of the eye, ear, nose, and throat, but, in addition to being matters for the physician's attention, they must be referred to specialists in nervous and mental disorders in order to secure the analysis and prescription required for the best education of the child.

The psychopathic personality is a further step in the direction of normality, but is still in the clearly recognized field of mental medicine. The minor character defects of which we note so many hundreds are abnormalities in personality structure and character formation which can be understood only by the student of the abnormalities of human behavior. In fact, all these abnormalities must come under the observation of one versed in mental medicine, one who knows the anomalies of character development, the perversions and twistings of instinctive and emotional tendencies, the snags upon which the developing person strikes during his course, and the means of correcting the perversions when observed. This is what we mean by analysis of character and prescription of educational correctives. It is obvious that this sort of clinical work is not concerned with any special part of the school population. All children must come under the observation of such a mental analyst.

The outstanding needs indicated by these county surveys are:

1. The development, in the office of the superintendent of education, of a clinic for child study. This must be a traveling clinic, able to go to any school anywhere in the state and study the children. This work will be devoted to the study of the child and his development, rather than to the efficiency of the school as such. Its concern will be with intelligence tests and measurements and with individual studies of personality and relation to home and school life. In addition to analysis, its work will consist in prescribing for the children found to be anomalous, whether in that part of mental development which we consider intelligence, or in any other aspect of personality development.

2. For the majority of these special problems, it is probable that the special school will constitute the body of the prescription. We refer to the special school that has not more than 16 pupils to a room and teacher, so that individual instruction can be given, a room where hand-work will be emphasized, work with the concrete, tangible

things in the child's environment calculated to organize his mind through the action of his muscles. For the success of this work, a specially trained teacher is required.

3. In order to carry out this plan for special schools and the necessary clinical work, it would seem well for Maryland to consider the plan of state aid which has been found successful in other states. An appropriation put at the disposition of the state department of education, for paying half the salary of each such special teacher engaged, would at once give the necessary encouragement to local authorities to organize such schools and would give the state superintendent the necessary direct supervision over such special schools.

In the city of Baltimore, where we found 94 definitely mentally defective children and 119 others diagnosed as borderline mentally defective among 371 children examined, there is striking evidence of the need of further organization in special-school activities. In Baltimore, there are 30 special and ungraded classes. These are very mixed in their organization. Some are in very poor quarters. As a group, they are poorly supervised. For some of the schools, the teachers test the children; for other schools, they are sorted out without any test whatever.

It is important that a department of child study be organized in the office of the superintendent of schools—that it be put in charge of the whole question of studying problem children and of prescribing the modifications in instructional procedure suitable to the child's condition. This would include assigning the children to special schools. This department would best be put in charge of organizing special schools to the extent necessary to take care of the education of these special cases. What has been said concerning the nature of these special cases indicates the kind of talent that such child-study bureau or clinic would have to have in order to do the work successfully. It is a broad study of developing human nature that is called for.

In dealing with these problems children both in Baltimore and in the counties, there will constantly arise cases unsuitable for remaining in the school and in the home. For such cases, Rosewood State Training School has been designed. It is manifestly unable to supply the places demanded. In order to fulfill properly its function in Maryland, this training school must needs be considerably enlarged.

In order to control the mentally defective not gifted with adequate powers of self-control themselves, it is

highly important to organize through legislation a plan by which the superintendent of schools will report to some proper state authority the names of all feeble-minded persons at the time of their leaving school, and other facts concerning them.

Care of Mental Defectives in Maryland.

Dr. Richard Gundry, then Superintendent of Spring Grove State Hospital, was personally interested in the establishment of the Rosewood State Training School in 1888. Dr. Gundry was impressed with the needs of feeble-minded children committed to the state hospital. He had also very freshly in his mind the work of his colleague in Ohio, Dr. Doren, then Superintendent of the Ohio Institution for the Feeble-minded. The Maryland Asylum and Training School for feeble-minded, now the Rosewood State Training School, was incorporated in 1888.

It has grown to a capacity of 700. It is located on 581 acres of good land about 14 miles north of Baltimore at Owings Mills. The buildings are happily located on high ground in a quadrangle which will be completed by the hospital building for which provision has already been made. The central administration building is also a service building and a laundry. It provides a dormitory for some older girls. On either side in the rear are school buildings for boys and girls, and cottages in line with these reach down to the projected hospital.

This is a home for white mentally defective children admitted from the ages of 7 to 17 years. It is definitely a school, rather than a custodial home, though there are many low-grade cases incapable of training. The children are classified by mental development as far as buildings permit. Most of the work of the institution is done by the boys and the girls. The educational work is organized along industrial lines. There is due recognition of the place of play in the development of the child. There is no provision for, or activity in, lines of research. The board paroles children. About 80 are reported to have been paroled and released during the last year. A too frequent practice of resorting to *habeas corpus* proceedings and a too frequent concurrence by the court in removing children from the custody of the institution is subversive of the social service this institution is capable of rendering. Maryland stands in need of a commitment law for mental defectives that will make state wards of persons incapable of managing themselves in conformity with the best happiness of others.

A study of the relationships of inmates shows how work is provided not only for this training school, but also for children's homes, for county almshouses, for reformatories and penitentiaries. Miss Griffith, in August 1917, found 144 feeble-minded inmates of the Rosewood State Training School who belonged to 54 fraternities (groups of brothers and sisters). They included 16 groups of three and 48 groups of two. Six of these groups have cousins or other relatives in the institution. Three children of one family are first cousins of three in another family, all six being then in the institution. Several of these groups were transferred from various other institutions for dependent children, and no facts are obtainable about their origins. In the majority of cases, however, there are some records of the parents of each group. Of the 64 fraternities, it is known that 14 of the fathers were feeble-minded and 31 of the mothers. Six other fathers and 6 other mothers were reported of low mentality. Three of these parents had been admitted to institutions for defectives. Seven mothers and 4 fathers were insane; 5 fathers and one mother had criminal records; 34 fathers and 10 mothers were alcoholic; 2 fathers and 15 mothers were sexually immoral; and 2 fathers and 3 mothers were syphilitic.

The paramount need of Maryland today, in meeting the mental-hygiene problems already discussed, is that of more land and buildings for the Rosewood State Training School. The scope of the work of this institution needs to be broadened so that it will be able to care for more children. There is a pressing need from the public schools, from children's aid societies and child-caring agencies generally, a need far beyond the 300 on the waiting list of the superintendent. Preparations should be made to meet this pressing demand. From the analysis we have made of populations of delinquents, it is evident that there are feeble-minded adults who should be cared for in institutions, and there are delinquents, minor and adult, who are as inappropriately cared for in our correctional institutions as are feeble-minded children in our regular schools.

It is important, also, that mentally defective colored children and adults, delinquents and non-delinquents, should be cared for both as to training and as to custody.

The immediate need calls for the purchase of at least 1,000 acres of good land for the establishment of colonies for males, with special buildings for delinquents who are

defective. There is no reason why these outlying colonies should not be under the direction of the superintendent of the present Rosewood State Training School. In fact, reasons of economy dictate such a plan. On this account it is important that the land for the colonies should be located as close to the present tract at Rosewood as will secure good agricultural land at values based upon productivity and not upon proximity to Baltimore.

Epileptics in Maryland.

The lot of the non-insane and non-deteriorated epileptic, whether child or adult, is a hard one, but it seems particularly hard in the case of the growing child. Oftentimes he is excluded from school simply because his attacks are an offense to other children and an interruption of school activity. With the present arrangements in Maryland, there is no proper place for the training of such a child. Such persons are often sent to the Rosewood State Training School or to a state hospital. A case has already been mentioned where a boy was recommended to an insane hospital, but was sent to St. Mary's Industrial School.

Another case is that of Herman——. He was born in 1905. It was an instrumental delivery. He had infantile paralysis at nine months, which left paralysis of the left side. He is subject to epileptic attacks dating from this illness. He started school at 7, spending a year and a half in the first grade, three years in the second, and then one year each in the third, fourth and fifth. He was a truant and did poor work. At 14 he applied for a work certificate. Employment was difficult on account of his attacks. Rosewood and the Maryland School for Boys were discussed with the mother. He was committed to Rosewood. After a month he ran away and returned home. He said he would not stay there because "there were crazy people there." Soon he was in the Juvenile Court on a charge of disorderly conduct.

While there is no certainty that any treatment would serve, in such a case, to diminish the severity or frequency of attacks, it is certain that the boy needs institutional care and that it is most humane as well as most scientific to put him in an institution where he can have the best that medical science can give him. It is not wise to place such individuals with the feeble-minded or with the insane or in a correctional institution. As long as he has attacks, he should be submitted to such thera-

peutics as medicine can devise. The regimen of his daily life should be regulated with a view to diminishing his attacks and increasing his usefulness.

Dr. J. Clement Clark, Superintendent of the Springfield State Hospital, in his report of October 1, 1919, estimated that there were in Maryland 340 insane epileptics. He stated that there were at Springfield State Hospital 139 insane epileptics. Dr. Clark was advocating and still advocates a group of cottages at Springfield State Hospital for epileptic insane persons. He does this from motives of humanity and economy. It would undoubtedly be to the benefit both of the epileptics and of the other patients at Springfield to effect such a separation. The non-epileptic would be spared the spectacle of attacks and the epileptic would be given the benefit of one-story cottages where falling would be less dangerous and of a diet arranged especially with a view to diminishing their attacks. On the other hand, if separate kitchens were instituted for this epileptic group, it would break into the present economical arrangement of three kitchens for the whole institution. It would also break up one of the most admirable features of the Springfield State Hospital, namely, the isolation on separate hilltops, more than half a mile apart, of the men's and women's groups. This is one of the most potent contributors to the open-door character of the female wards of this institution, and one cannot lightly make plans to thwart such a happy feature of the hospital.

But the insane epileptic apart, Maryland does need a hospital for epileptics, and given such a hospital, the 340 insane epileptics might be taken in charge by its medical superintendent. This would at once provide considerably more space in present state hospitals for the insane who are at Sylvan Retreat, Bay View, and in county almshouses.

TABLE XXII.
PERCENTAGE DISTRIBUTION OF MENTAL DIAGNOSES IN INSTITUTIONS AND SCHOOLS STUDIED.

Diagnosis	Public Schools, 4 Counties (White)	Baltimore Public Schools (White)	Schools, Anne Arun- del County (Colored)	Baltimore City Juvenile Court	Training and Industrial Schools	Penitentiary and House of Correction	County Jails	County Almshouses	Government Venereal Clinic
Superior	10.5	.....	0.1	.....	1.3	.....	.....	.....	.....
Normal	60.6	.....	24.0	17.7	21.8	14.6	30.7	17.8	53.3
Dull normal	11.4	.....	38.2	21.2	24.6	28.3	13.3	1.6	8.7
Borderline mental defect	3.5	.....	4.6	17.7	5.3	10.9	9.3	0.6	9.8
Mental defect	2.5	2.5	8.9	17.7	8.5	11.8	2.7	24.2	18.5
Character defect	9.1	.....	16.3	19.2	19.4	9.2	13.3	0.3	.....
Psychopathic personality	1.5	.....	4.3	4.9	10.6	16.9	21.3	2.2	4.3
Psychoneuroses and neu- roses	0.3	.....	3.3	1.5	7.5	5.3	.....	0.3	3.3
Mental disease or deterio- ration	0.3	.....	.....	.....	0.5	2.9	5.4	50.0	2.2
Deaf and dumb .....	.....	.....	.....	.....	.....	.....	.....	1.0	.....
Epilepsy	0.1	.....	0.4	.....	0.3	0.2	1.3	1.9	.....
Endocrine disorder	0.1	.....	.....	.....	0.2	.....	2.7	.....	.....
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total numbers	4,163	3,466	676	203	944	1,386	75	314	92

Summary.

By the collected percentages of the various mental defects and disorders in the several groups and institutions surveyed which we have presented in Table XXII, we get a bird's-eye view of our findings. The total populations in the various groups are given and the aggregate populations surveyed are 11,499.

The clearly defined mental defectives are found in largest percentages in county almshouses with 24.2 per cent; government venereal clinic, 18.5 per cent; Baltimore Juvenile Court, 17.7; Penitentiary and House of Correction, 11.8 per cent; colored schools, 8.9 per cent; four juvenile institutions, 8.5 per cent.

The heaviest additional complement—the borderline mental defectives—is found in the Baltimore Juvenile Court, with 17.7 per cent. Then follow Penitentiary and House of Correction, 10.9 per cent; government clinic, 9.8 per cent; county jails, 9.3 per cent; and four industrial schools, 5.3 per cent.

Only the white public schools and the government clinic present 50 per cent or more normal mental conditions. Heavy complements of dullards are observed throughout.

The county almshouses present the heaviest complement of mental disease and deterioration. Half of the inmates are such. County jails are next, with 5.4 per cent. Two of these cases, we recall, were waiting in jail for transportation to a hospital.

The psychoneuroses and neuroses run 7.5 per cent in four industrial schools, 5.3 per cent in the Penitentiary and House of Correction, 3.3 per cent in the government clinic, and 3.3 per cent in the colored schools.

Psychopathic persons run heaviest in jails with 21.3 per cent. Then come Penitentiary and House of Correction with 16.9 per cent; the four industrial schools with 10.6 per cent; Juvenile Court, 4.9 per cent; and the government clinic, 4.3 per cent.

Minor character defects are found in considerable numbers in the four industrial schools and amongst the colored school children.

Conclusions.

1. *Mental Defectives.*

This presentation of the needs of Maryland in the matter of the care of mental defectives is striking. They are scattered everywhere. In every group of dependents and delinquents we find them in large numbers. Wherever there are social problems, there are mental defectives. They are also in the public schools. It is incumbent upon us to train these mentally defective children and to watch over them as children for the protection of the community.

2. *Special Schools.*

The importance of the organization of schools especially adapted to deal with the slowly developing mind of the mentally defective child cannot need further insistence. They do not profit by regular school work; rather they are driven from the school because they are expected to be interested in things that cannot draw out their mental powers.

3. *Child Study Clinics.*

In order to organize these special schools for mental defectives, it is essential to have traveling clinical facilities which can go to the school and designate children who should have individual opportunities in manual training and the simple arts of life, because of their congenital mental defects. Such a clinic, once organized, will inevitably point out psychopathic persons and psychoneurotic and nervous children, and indicate the kind of special care which these need. In this way such clinics will make salvage of valuable material for citizenship by bringing to many talented, but ill-understood children the opportunities that nature designed for them. Such clinics both in Baltimore City and in the counties should assume vocational probation work for backward children.

4. *Reporting Defectives.*

After the schools have expended the energies of examiners and teachers upon these mental defectives for years, it is important that the community should not loosen its control over them. Really mentally defective persons remain children as long as they live. Unless home conditions are very exceptional, it is important that some agency should continue to have oversight and con-

trol of them. The school authorities should be required regularly to report all mental defectives, upon leaving school, to some central state agency.

5. State Training of Defectives.

Many children have been found in Maryland, in institutions for correction, who are definitely mentally defective. They are unsuitable cases for the public schools, else they would not be taken in these institutions. They are unsuitable for these institutions because they are mentally defective. State training facilities, such as those at Rosewood, should be expanded so that all such children who are feeble-minded and who are unsuitable for retaining in the public schools should be cared for and trained.

It is likewise important that state facilities should be developed for the custody of the feeble-minded adults who cannot be managed under surveillance in the community. Feeble-minded delinquents should be recognized as relatively unreformable and provision should be made for them in colonies in which they can remain for life. Putting such in the care of an institution is in no sense a life sentence, any more than it is a life sentence to be sent to a hospital for the insane. It is a recognition of the mental condition of such individuals and a prescription of the treatment indicated for them.

It is important that provision be made for the training and the custody of feeble-minded colored children and adults. Separate colonies or separate buildings can readily be established under the Board or Commission and the superintendent of the present institution at Rosewood.

At least 1,000 acres of land should be purchased at an early date. It should be good agricultural land. It should be near enough to the Rosewood State Training School to make it easily manageable by the superintendent of that institution, and it should be far enough from cities to be purchased for what it is worth for farming purposes. Buildings on this purchase should be used for colonies of adult males. A colony for adult females might perhaps better be established on the present tract at Rosewood. The findings of this survey clearly indicate the importance of greatly expanding the training facilities at Rosewood and the establishment of generous accommodations for the custody of adult males and females and for delinquents and for colored.

6. *Community Care of Mentally Defective Persons.*

Large numbers of persons who are clearly mentally defective can be maintained safely in the community, but they need surveillance. Oftentimes such a person is managed satisfactorily while his parents live and maintain a home for him, but upon the breaking up of the home, he runs amuck. If such a person were on the lists of the Mental Hygiene Commission and in the care of a psychiatric social worker, this waste would be prevented. Probably definite commitment to the care of the Mental Hygiene Commission would be the best preventive. Such patients could be carried under the care of the Commission in exactly the same manner as patients who have been in an institution, but have been paroled. For many defectives, institutionalization is not necessary, but surveillance is most important.

Anyone who remains unable to handle himself with such prudence and self-control as make him a comfortable resident in the community should be under such surveillance. This means that the termination of care on the part of the Commission will rarely occur short of the death of the individual. Whether in an institution or cared for in the community, his parole in most cases will be for life. Such a conception of community management of the feeble-minded involves a large staff of field officers.

The central authority might be the superintendent of the training school and colony for the feeble-minded. With the enlarged field of work above indicated for this superintendent, it would seem best that the commitment of the feeble-minded whom it is designed to maintain in community care should be made to the Board or Commission of Mental Hygiene. An additional reason for this is that the time may come when Maryland may have more than one institution for the care of the feeble-minded. Still further, the care of paroled patients from the insane hospitals will naturally be under this Commission. Therefore, their care of mentally defective as well as of mentally diseased persons in the community will secure economy and efficiency in administration.

7. *State Care of the Insane.*

When the non-insane mentally defective persons are removed from the four state hospitals, as is contemplated in the plan for the care of the feeble-minded outlined above, these hospitals will be able to take over all the

insane now confined in the Sylvan Retreat, the Insane Department at Bay View, and the county almshouse. This is an achievement that has been promised long to the people of Maryland. The accomplishment will clear up the record of the state and place Maryland in the list of the most advanced states in the care of her mentally diseased persons.

8. *Psychopathic Hospital at Spring Grove.*

The completion of the Foster Clinic and putting it at the service of the people of Maryland, especially those of the city of Baltimore, with an ambulance service from all parts of the city, will constitute the final step in doing away with the necessity of caring for any insane person in an almshouse or jail in the City of Baltimore. Steps should be taken at the same time to secure the easy commitment of mentally diseased persons. It should be no more difficult for one who is mentally ill to be hospitalized than for one who is seized with typhoid fever or who breaks his leg.

9. *Nursing and Occupational Therapy in State Hospitals.*

It is important that the nursing facilities and the facilities for training patients through occupation and recreation should be improved in all these hospitals. Nurses' training schools should be fostered. Perhaps the two in operation are sufficient to produce a supply of well-trained nurses and attendants, if they are made properly attractive.

10. *Organization of Clinics.*

One of the greatest community services of the hospital for mental diseases is that of the visiting clinic. A psychiatrically trained social worker and a physician, at a given center at a given time, make a most satisfactory arrangement for inspecting paroled patients who can come in for examination and report. Such a clinic also affords the opportunity for any person in the community to make inquiry about suspected mental or nervous disorder of any kind for himself or for others. The same is true of mental defectives. Parents and teachers and social workers can make use of such clinics for the examination and diagnosis of problem children.

11. *Psychiatric Social Workers.*

The psychiatrically trained social worker is already proving a most valuable ally of the physician in the prevention of mental disorder. Such field workers should

be employed by the Commission of Mental Hygiene or other properly organized authority in considerable numbers in the state of Maryland. The experiment has been tried and it is known that they can save their salaries many times over in the salvage they effect and the prevention of mental disorders they are able to bring about.

12. *Epileptics.*

The establishment of a hospital for epileptics is an important addition to the institutions already laid out in the state of Maryland. It should be able to take children as well as adults, sane as well as insane, colored as well as white. This indicates, of course, the cottage plan of institution, in order that separations can be effected according to age, sex and mental condition. The organization of such a hospital would further relieve the state hospitals for the insane.

13. *Juvenile Court of Baltimore.*

This court needs reorganization. The children's court should be made a branch of the Supreme Court of the City of Baltimore. It should be given complete jurisdiction in children's cases. It seems advisable that it should be organized on a broader basis as a court of domestic relations and take over jurisdiction in all matters of family relationships. This is the only way in which complete and ultimate treatment can be given to the problems of childhood that come to court.

The court should have facilities whereby complete psychiatric examination can be made and diagnosis and suggested treatment from the clinician be received by the court before sentence is pronounced. The court's procedure and efficiency would be greatly improved by means of a proper organization of the probation force and the institution of a good system of records.

It would be advisable for the court, when committing to such institutions as the industrial training schools comprised in this survey, to give the child over to the management of the institution until he attains his majority, as the law provides, and to leave it to the institution to work out with the child the time of his parole and the time of his discharge.

14. *Other Courts.*

Clinical examinations of accused persons should be possible wherever there is any reason to question the mental condition of the accused.

The indeterminate sentence has commended itself generally as being in line with the most rational administration of what we know as to the best methods of reformation and rehabilitation of character. It is impossible for the judge to know at the time of pronouncing sentence what is going to take place in the development of the character before him. No man can know, and society is not seeking to work retribution upon the offender. The object is to rehabilitate his character and restore him to productive citizenship.

15. *Juvenile Reformatory Institutions.*

The importance of clinical facilities for the analysis of character and the determination of motives and environmental situations that have led the juvenile offender to become such are generally appreciated. It is important that the management of every such institution should provide itself with such facilities that they may know about the individual child when he begins his residence, and that they should watch his progress by the help of such clinical examination from time to time. It is likewise important that children's aid societies and children's homes should provide themselves with similar facilities for all their problem children. Most of their children are problems.

16. *Penitentiary and House of Correction.*

These institutions should have clinical facilities wherein characters would be studied. This clinic in such an institution is confronted with more difficult problems. These institutions get the old and knotty problems. Many cases are "hard-boiled" or "case-hardened." They are quite inaccessible to the ordinary means of analysis. Their inaccessibility constitutes their abnormality in large measure. Getting next to these older offenders is a real man's job, and no one man can do it. The clinic, in one of these institutions, should be the center around which the activities of the whole staff should revolve. Such a conception of the work of the institution involves a kind of guard not usually found in the penitentiary. From the point of view of institution management, of course, discipline is the first object, and discipline is needed by the individual. It is important in his reformation. When, however, we can get in such an institution a staff every member of which conceives it to be his first business to help the man under his charge to

find himself as a man and a member of the social group, then we shall have a penitentiary that is a real reformatory.

17. Occupation in the Penitentiary and House of Correction.

Self-support is an important attainment in such institutions for adult offenders. There is no reason why the men and women should not support themselves during the time the state is rehabilitating their characters. But the first consideration should always be this making over of the man, and occupation for the man, employment for his energies, is one of the best considerations to be looked after. Employment is absolutely necessary for the continuance of good mental health in anyone, and it is through work that we secure character and socialization. It is important that the work provided for an offender should be work that he can pursue when he is discharged. Life in the reformatory or prison is a preparation for his life in the community. There should be no break. Finding himself means finding himself as a working, contributing member of society; therefore his work in prison should be work that he enjoys and that he can pursue through life.

18. Administration of Mental Hygiene.

The state of Maryland has been particularly fortunate in the quality of citizenship whose service she has had on the Lunacy Commission these 30 years past. The present care of the insane is largely a monument to the unselfish service of these gentlemen. They are an advisory board in the management of the four hospitals for the insane and the Rosewood State Training School, and they have supervisory powers over private and county institutions caring for the insane and feeble-minded.

The magnitude of the mental-hygiene problems in Maryland today indicates the advisability of enlarging the function of this Commission. Lunacy is a term of opprobrium. Mental hygiene better characterizes the enlarged field we have in view. The executive of this Mental Hygiene Commission, whom we might call commissioner, should be a full-time executive, well-trained in psychiatry. The other members of the Commission would constitute an advisory council. The real authority should exist in the Commission, but the chairman of the council, or the commis-

sioner, should be the active man always on the job and doing the real work.

This Commission might well have charge of the hospitals for the insane and the Rosewood State Training School, in a much more intimate way than they have at present. It would secure uniformity of high quality service in all institutions throughout the state to give the power of appointing the superintendents of these institutions to the Commission on Mental Hygiene, such appointment to be approved by the local boards of managers. Power to discharge such superintendents should likewise inhere in the Commission, properly guarded to prevent discharge for anything other than failure to perform satisfactorily the functions of their office.

The primary reason for suggesting this enlarged executive power of the Mental Hygiene Commission is for the organization of clinics for service in the community, in courts, and, if asked for, in schools. The next and equally important ground for such recommendation of enlarged power is the securing of *adequate care of the feeble-minded*. There are many feeble-minded persons who do not need commitment to an institution. They can be cared for in the community in the same manner as the feeble-minded and the insane who have been in institutions and have been paroled. This community care can best be secured by committing the individual to some central authority. Such authority we conceive to be a Mental Hygiene Commission.

To the Mental Hygiene Commission, also, school superintendents should be required to report all feeble-minded children at the time they leave school.

The Mental Hygiene Commission, with such enlarged powers both in the control of the institution and for community service, would be expected to organize more effectively the scientific work of the hospitals and the training school, to provide for more effective use of nurses and occupational therapy, and to supply psychiatric social workers to do the community work already outlined both in the clinics and in the community.

19. *Cost of Administration.*

This increased work of the suggested Mental Hygiene Commission, requiring more physicians, more nurses and social workers, and an enlarged sphere of activity for the commissioner, as well as the enlargement of the

state institution, the purchase of land, and the erection of buildings, will mean a great outlay of money.

Likewise, the organization of special schools for mental defectives in the public school system will mean increased expense.

We may consider that these activities are all going on at the present time. The gestures, however, are poorly executed. We are not putting over what we attempt. We are not training feeble-minded children. They are compelled to attend school and made to hate it. It will cost a little more to educate them properly, but we can easily see the savings effected. They will more than repay the costs. Delinquent children and adults who are mentally defective are being mishandled in various courts and reformatory institutions. It will cost no more to treat them properly according to scientific standards to prevent them from committing their present depredations and multiplying their kind to the incalculable expense of the taxpayers of the future.

With all the great progress that has been made in Maryland in the past 25 years, indicated by the splendid work of the Lunacy Commission in the five state institutions, the state is still spending much less upon her mentally diseased and mentally defective than are Massachusetts and New York. From the annual report of the Comptroller of the Treasury of the State of Maryland for the fiscal year ended September 30, 1920, the total expenditures for the care of the insane and the feeble-minded, including the appropriations to the Sylvan Retreat and Mt. Hope Retreat and for insane convicts, adds up to \$938,611.49. The total disbursements from the treasury for the same year were \$13,304,346.04. These expenditures for the mentally diseased and mentally defective in Maryland, therefore, constituted 7.05 per cent of the total expenditures.

In Massachusetts, for the ended in 1920, 13.4 per cent of all state expenditures were for the insane, feeble-minded, and epileptic.

In New York, for the year ended in 1920, 15 per cent of all state expenditures were for the insane, feeble-minded, and epileptic, and this excluded the hospitals at Dannemora and Matteawan, since these institutions are under the prison department. It is seen, therefore, that Maryland might double her expenditures in this field of mental hygiene and not exceed these states in the proportion of her resources expended upon the mentally diseased and defective.

Recommendations.

1. *Special Schools for Mental Defectives.*

Special schools should be organized in Baltimore and throughout the state for the special training suited to the development of mentally defective children. A state appropriation designed to pay some substantial part of the salaries of specially trained teachers engaged in teaching such special schools will both facilitate the organization of these schools and provide for the special supervision of their organization by the state superintendent and by the superintendent of Baltimore schools in their respective spheres.

2. *School Clinics.*

Clinics for the study of the mental equipment of problem children, for diagnosing such cases and prescribing for the same, constitute the necessary means of getting the right children into these special classes. At the same time they will perform very useful service in cases of problem children who are not mental defectives. Such a clinic under the State Board of Education will necessarily be a traveling clinic. It must needs go to the school. These clinics will study the children. They are not conceived of primarily as efficiency bureaus. Educational tests are not their concern. The tests that concern them are tests that reveal the nature of the child's mind and character and the anomalies therein subject to correction by school activities. They are intended to serve all children in any wise anomalous. The clinic may often supply useful correction in the case of a child whose parents and teachers are unaware of abnormality. Through these clinics, both in Baltimore and in the counties, the school authorities should be given by legislative action the vocational guidance now in the hands of the State Board of Labor and Statistics, and also vocational probation of backward children.

3. *Colonies for Mental Defectives.*

Considerable enlargement of present facilities for the training of mentally defective children in the state institution is indicated by the results of this survey. The state needs a doubling of the facilities at present afforded by Rosewood, strictly for training children.

There is need for the development of colonies for adult males and females. This enlargement of the service calls for the purchase of more land. We recommend the purchase of not less than 1,000 acres. This land should be of good quality for agricultural service and should be located

as near the training school as it is possible to obtain farms at purely agricultural values. On this new tract there should be established, first, a colony for adult males, with some buildings suitable for defective delinquent males. The colony for adult females we recommend locating on the Rosewood tract near the training school.

We recommend the erection of buildings on the new tract of land for a colony for colored feeble-minded for whom no provision is now made.

4. *Epileptic Hospital.*

Maryland needs a hospital for epileptics—a new institution in which it will be possible to receive epileptic children as well as adults, male and female, sane and insane.

5. *State Hospital Psychopathic Service.*

We recommend the completion at the earliest possible date of the Foster Clinic at Spring Grove State Hospital, putting it into the state service, and changing the law for the commitment of the insane so as to admit of voluntary admission and of emergency commitment by physicians and by police. We also recommend connecting this psychopathic hospital service with the people of Baltimore by ambulance service.

6. *Establishing of a Mental Hygiene Commission.*

We recommend the reconstruction of the Lunacy Commission and an enlargement of its field of activities under the name of the Maryland Mental Hygiene Commission, this Commission to consist of four members. Three are to be appointed by the governor, one for two years, one for four years and one for six years, and thereafter each successor is to be appointed for six-year terms. These members shall be physicians.

These three members shall elect an executive officer to be designated Commissioner of Mental Hygiene. This commissioner will be ex-officio a member of the Commission and shall serve as the chairman of the Commission. He shall receive such salary as will secure the whole time service of a thoroughly competent psychiatrist and executive. The other members of the Commission we recommend shall have a *per diem* stipend for such days as they give to the service.

The Maryland Mental Hygiene Commission is to be given the power of appointing superintendents of state

hospitals and training schools with the approval, in each case, of the local board of managers. The Maryland Mental Hygiene Commission should also have the power of removal of superintendents for proved incompetence or mismanagement.

The Commission of Mental Hygiene through its executive officer, the commissioner, should be made responsible for the care of the patients in these state institutions, the medical and nursing work, the psychopathic, pathologic and sociologic studies, the parole and discharge of patients, the visiting clinics, and the field work with paroled patients and also for the community oversight of feeble-minded persons committed to the care of the Commission, but kept in their own homes or boarded out in the community in the same way as patients paroled from institutions. They should be given the power and duty of inspecting and licensing private hospitals, sanitariums, and boarding homes for the insane and the feeble-minded.

7. Commitment Law for Mental Defectives.

We recommend the passage of a law which will provide for the commitment, training, and custody of feeble-minded persons. This law should

1. Define the term mental defective.
2. Detail in simple language the procedure it is necessary to follow in order to have a mentally defective person committed to a state institution or to the care of the Mental Hygiene Commission.
3. Name the court or courts that are to have jurisdiction in such cases.
4. Provide a method of making application to the court for commitment.
5. Provide for the court's securing competent mental examination and all necessary advice as to treatment and disposition of the case.
6. Provide for the court's holding a hearing either public, in chambers, or anywhere the court deems most suitable, and give the court power to exclude all but certain friends of the person under examination and such experts and legal witnesses as are necessary to protect the interests of the person examined.
7. Provide that the certificates of the examiners shall give all data concerning the physical and mental condition of the person examined and of his family history that is

required by the Mental Hygiene Commission in such cases, and provide for this record's being sent with the order for commitment to the institution or to the care of the Mental Hygiene Commission.

8. Provide that an order of commitment shall be issued by the court when, after such procedure, the court judges this to be the best disposition for the individual and for the community.

9. Provide for emergency commitment whereby the superintendent of an institution may be empowered to receive for 20 days' care any person for whom such care is certified to be necessary by a police officer or by a physician, provided that on or before the expiration of the 20 days, such person shall either be duly committed or discharged.

10. Provide for voluntary admission to a state institution on application by parent or guardian or other properly responsible person to the superintendent for such reception; any patient so admitted to be allowed to withdraw only after 20 days' notice has been served of his intention to withdraw. If, in the meantime, the person has been found to be a defective whose unsupervised freedom in the community might work to the detriment either of himself or of others, the superintendent shall take measures to have him duly committed.

11. Provide that the superintendent and the Commission be given power to parole and to discharge any and every person committed to their care when it appears to them to be in the best interests of the individual and of the community that such parole or discharge should be made; it being understood, however, that no person shall be paroled from the care of the Commission or institution except when, after investigation of the home and neighborhood, there is assurance of the safety of the person and of the community, and when provision is made for frequent visits and reports; and that no discharge of such patient shall be made by such Commission or superintendent except when it is found that the person to be discharged is not a mental defective in the sense of the act.

12. Provide that county superintendents of schools and the superintendent of the schools of Baltimore shall report to the Mental Hygiene Commission the names of all mentally defective children dropping out of school at the time that they cease to attend school. Make it the duty of school officials and health authorities and the police to apply for and secure the commitment of feeble-minded per-

sons to the care of the Mental Hygiene Commission or to a state institution.

13. Provide for the transfer of feeble-minded persons from the Penitentiary and House of Correction to a state institution for the feeble-minded when such persons are found by the Mental Hygiene Commission to be defective delinquents and at the same time persons suitable for control in the state institution. Provide for the detention of these after the expiration of sentence, and for the transfer back to the Board of Prison Control of any inmate who proves unmanageable in the buildings provided for defective delinquents.

14. Provide that in the case of any person under arrest or charged with the commission of a misdemeanor, felony, or other offense, or under indictment for the same, or undergoing trial for alleged offense, when there appears reasonable ground for inference that such person is a mental defective, the court shall order proceedings, as in the case of a person for whom application has been made, that he be committed as a mental defective to the Mental Hygiene Commission or to an institution for the care of mental defectives.

15. Provide for the transfer of patients, by the Mental Hygiene Commission, from any one institution under their management to any other such institution.

16. Provide that no mentally defective person may legally marry. Make it a felony to have sexual intercourse with any female person who has been committed as a mental defective to the care of the Mental Hygiene Commission, or to any institution for the care of mental defectives, when such person continues under such commitment and has not been definitely and fully discharged therefrom by court, by the superintendent of the institution or by the Mental Hygiene Commission. Make it a felony to aid or facilitate in any way intercourse with such mentally defective female persons.

8. *Courts.*

We recommend that measures be taken to make the court dealing with children's cases in Baltimore a branch of the Supreme Court of Baltimore City, and that it be organized as a court of domestic relations with fully organized clinical facilities and probation service. We recommend statutory provision for the use of the intermediate sentence in all courts.

9. *Clinical Service for the Board of Prison Control.*

We recommend provision for the thorough mental, as well as physical examination of all incoming prisoners, and the organization of occupations within the institutions and of the whole personnel of the institutions about the central idea of improving the state of mind of the offender. When the persons in charge of this board have culled from among the cases in its care all the insane and the clearly mentally defective, the board will be relieved of the unimprovable cases. Every energy of the institution should be directed toward remaking the character of every person who comes from the courts to either of these institutions. The character must be understood before it can be made over, and the mental clinic is necessary for this understanding.